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# THE Public Health Nurse

OCTOBER, 1918

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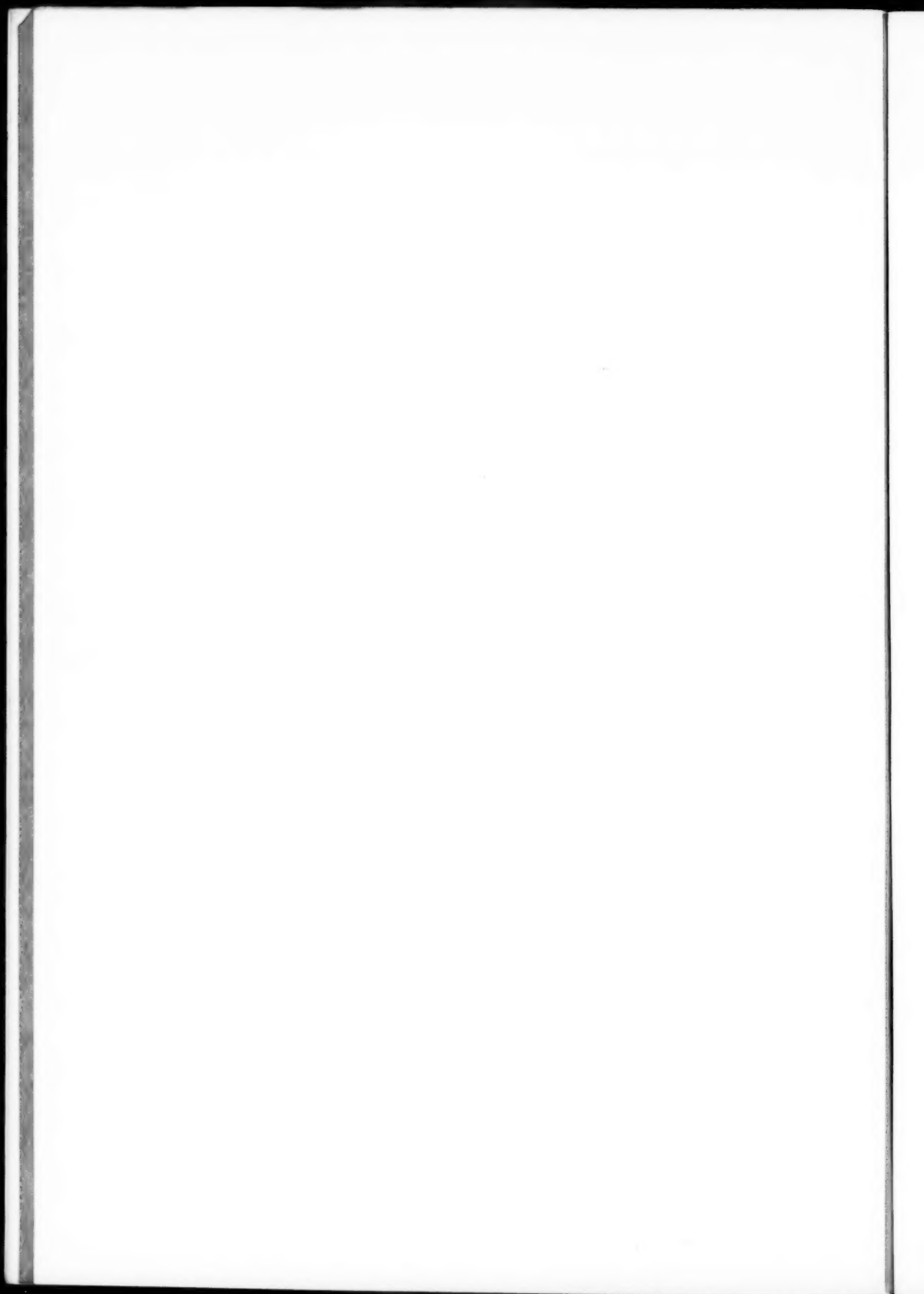
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# The Public Health Nurse

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## EDITORIALS

### THE LONG ROAD TO ACHIEVEMENT

That the fight against disease should be waged from the standpoint of *prevention* rather than that of *cure* has become axiomatic at the present time—so much so, that we have come to regard this principle as a discovery, perhaps *the* medical discovery of our day.

It comes with something of a shock to our self-esteem, therefore, to find this same principle insisted upon with a clearness of reasoning worthy of a modern professor of health, in a book written nearly 400 years B. C. The passage referred to is in a work by the Greek general, Xenophon, and purports to recount a conversation between the young Persian prince, Cyrus, who was about to set forth on his first military expedition, and his father, Cambyses. The latter, in giving final advice to his son, asks him what precautions he has taken to guard the health of the troops; and the passage which follows is so remarkable and so up to date in its conception that we cannot resist quoting it. Replying to the question of Cambyses, Cyrus says:

"With respect to health, having heard and observed, that cities that want health choose physicians; and that commanders, for the sake of their men, take physicians with them; so I, when I was placed in this command, immediately attended to this point, and, I believe, father," said he, "that I have men with me that are very skillful in the art of physic."

To this the father replied: "But, my son, these men that you mention are like menders of torn clothes; for so, when people are sick, physicians cure them; but your care of health is to be of a nobler kind than this; for you ought to make it your study that the army may never be diseased at all."

"By taking what course, then, father," said he, "shall I be able to do this?"

"Why," replied Cambyses, "if you are to stay some time in the same place, you ought not to be careless in choosing a healthy spot for a camp; and in this you will not be deceived if you but give your attention to it: for men are continually talking of unhealthy and healthy places, and in each kind of places the persons and complexion of the inhabitants are sure indications of their nature. But it will not be sufficient for you to look to places only, but you must remember by what means you have endeavored to take care of yourself, so as to continue in health."

Cyrus then observed, "In the first place, I study never to overload my stomach, for it is hurtful; and what goes into me I work off by exercise. By this means, health seems to me to be better retained, and vigor to be acquired."

"In the same manner, therefore, my son," said he, "you must take care of others."

"And will the soldiers have leisure," said he, "father, to exercise themselves?"

"There will not only be leisure," said the father, "but necessity; for an army that will do its duty must never be unemployed, either in distressing the enemy or securing some advantage for itself."

One cannot help thinking, on reading such words as these, how much of failure and suffering might have been averted had they been seriously considered and taken to heart by a tithe of those who have read them during the 2,000 years that have intervened since they were first written: and one is constrained to realize that the soundest principles can only become of practical value just in so far as it is possible to impress them upon the hearts and brains and wills not of the few only, but of the many.

A great poet has said, "All truly wise thoughts have been thought already, thousands of times, but to make them truly ours, we must think them over again honestly till they take root in our personal experience." Only by letting them take such root that they may grow and bear fruit that shall be visible to all men as good and to be desired, shall we honestly do our part towards helping to make all men truly wise.

M. J. S.

### THE PASSING OF IGNORANCE

One of the most painful duties that falls to the lot of executives in the field of nursing is that of informing graduates of unstandardized training schools that they are not eligible for acceptance by any well-regulated organization because of the deficiencies of their professional training. Sometimes it is possible to soften the harshness of such a sentence by advice as to post graduate training which will remove the disqualification; but there are only too many cases in which the whole conditions of training have been so fundamentally defective that little or no credit can be given for the time and energy which have been sacrificed by the so-called student.

Only those who have actually come into contact with the problem of the poorly trained woman can realize how often ignorance of conditions and requirements of the nursing profession has alone been responsible for the tragedy of disappointment which inevitably follows upon the realization of the hitherto unsuspected truth.

The Council of National Defense, through its state and local Committee on Nursing, is performing a most valuable service in the direction of informing people of all classes in regard to the essential standards of nursing education. Such committees, as recruiting agencies for student nurses and centers of general information on matters connected with nursing and the war, are in a strongly strategic position, and, if well organized, and placed under energetic and tactful leadership, quickly become the recognized sources of advice and appeal for all those who are interested in preparing to enter the nursing profession, but uncertain as to the best means of procedure in order to do so.

Setting aside the well-educated, eligible applicants who can be promptly directed to the Army School of Nursing or to any standardized civil training school, the young women who seek admission to schools of nursing may be divided, roughly, into two groups—those who, on account of deficiency of education or other handicap, are obviously unacceptable; and those who, although deficient in educational credits are yet of so intelligent and promising a type that it is well worth while to assist them to overcome their drawbacks. Applicants from both these groups have, in the past, supplied many victims to the unstandardized training schools. Where a strong Committee on Nursing exists, however, such victimization becomes almost impossible, because there is little or no excuse for ignorance as to the conditions which govern entrance to the nursing profession.

It requires much tact and good judgment to persuade an undesirable applicant that she is ineligible or unsuited to become a graduate nurse; but the Council of National Defense carries authority and its decisions and advice are not likely often to go unheeded.

Again, while we all understand the importance of a regular, standardized preliminary education as a requirement for those who would enter the nursing profession, most of us have come in contact with some young woman who, because of irregularity of education, or on account of financial stress in the home, lacks high school credits; and yet in many ways bears the marks of the well-educated person. To assist applicants of this type to make up this deficiency has been one of the activities of the Nursing Committee of Cleveland; and the results of this effort have been most encouraging.

In the early summer a special class of six girls was formed to make up the four units required. This class met five mornings a week from eight o'clock to twelve-fifteen. Half a year's work was completed in eight weeks and after a vacation of about two weeks studies were resumed for another eight week's period, which will make it possible for the full year's work to be finished in sixteen weeks.

The fall special class opened with twenty enrolled. To be able to accommodate the largest number of applicants desiring to make up the required High School work, this was made a night class, reciting four nights a week from seven to nine o'clock. The subjects taught are English, History, Sociology, Biology.

Every piece of really constructive work necessarily leads on to further opportunity; and so it comes about that through helping the public to understand something of the ideals and principles of nursing education, the committees on nursing are also demonstrating and pressing home the value of a general, fundamental education as a preliminary to the active service of life. Many young girls, anxious to rush into "war work," may be persuaded to finish high school or remain in college if they are advised to do so by a sufficiently authoritative source. By supplying such authority, the Council of National Defense is assisting to build up a well-educated and interested group of young women from which to draw recruits for the nursing or other professions in the coming years, and are helping to make parents understand that it is worth while to make considerable sacrifices in order to enable their children to acquire the knowledge which is more and more becoming the "Open Sesame" to all the real treasures of life.

M. J. S.

### THE STATUS OF ARMY NURSES

In a New York paper there recently appeared the following official citation of an American Red Cross Nurse for the French Cross of War:

"She has shown imperturbable sang-froid under the most violent bombardment during March and May. Despite her danger she searched for and comforted and assisted the wounded. Her attitude was especially brilliant on July 31, when bombs burst near."

This is simply one out of the many notices which constantly catch our attention as we glance over current newspapers and magazines. We have come to regard such heroism on the part of nurses as a matter of course—we should be greatly surprised, in fact, did we hear of a nurse who left her post beside the wounded on account of any personal danger. In this war, as in no previous one, the medical forces of the army have shared the dangers and horrors of actual warfare. The life of the nurse at the front is indeed one long act of heroism. We are so apt to dwell on the unusual and spectacular—on the element of personal danger, and to overlook the steady, daily strain of witnessing the suffering of war—of seeing and doing constantly those things from which human nature shrinks.

Surely the least recognition that can be made of such self-devotion is to acknowledge our nurses to be what they are in fact—a part of our country's military forces; and, that all may know and recognize them as such, give to them the right to wear such insignia of military rank as shall make all doubt of their status impossible.

M. J. S.

### NEED FOR PUBLIC HEALTH NURSES IN SHIPYARDS

When General Pershing called from across the sea for a bridge of ships, our Government immediately put into action the machinery whereby this request might be granted. In doing this, it was necessary to establish what is known as the *Emergency Fleet Corporation*. Shipyards, whose capacity had before that time been comparatively small, were forced to adopt measures whereby they could double and treble the amount of work previously produced, and in doing this the number of laborers was also increased.

At one of these yards, where eighteen wooden ships are being built to take food and ammunition across to our boys, it has been



necessary to work day and night; and laborers have come from every direction because the work is hard and wages exceedingly good. With this influx of men, there came the question of housing, and labor being scarce and the demand for ships so vital, it was found necessary to house these men in tents, and there they have lived for over a year. If these yards were under the control of the government and it were possible to regulate the lives of the men in this tented city, as it is done in the army, with every means of sanitation available, it would be different. As it is, however, these men need to be taught the simple laws of sanitation whereby so much sickness could be prevented; and in this the Public Health Nurse would be exceedingly valuable.

In order to have food for these men, a company has been allowed to come in and put up a large wooden frame building, the upper floors of which has been converted into bed rooms and the lower part into a large *caf  teria* which is open day and night, serving a heavy meal at midnight to the night shift. Hundreds of men are served in this *caf  teria* daily, and the quantity of food handled is necessarily enormous. The building is very poorly screened, and as a result there are a great many flies. In just what manner the food is handled is not known, because they are too busy building ships to stop and find out, and men are too scarce to be used as sanitary inspectors.

An emergency hospital has been erected in this yard, the nurse in charge being paid by an insurance company. This hospital is one of the most essential things in the yard, because there are so many accidents. When this great demand for laborers came, it was necessary to take on many who were unskilled in the trade, and as our soldiers are being taught to protect themselves in the trenches from shrapnel, so the laborers have to be taught to protect themselves and prevent accidents which are bound to occur where so much constructive work is in progress. The accidents occurring in such a place needing hospital care average thirty each day, ranging from minor ones to very serious cases where it is a matter of life and death. Owing to the scarcity of civilian doctors, and the inability of these corporations to employ a full time man, a great deal of responsibility rests upon the nurse, yet it brings her very close to these people and would offer a most wonderful field for Public Health Nursing if there was only one to do it, or if she had time to do it. Cases which come to the hospital are never followed into the home, not even for medical care to the wounded, because there is no one to do it, and

the nurse in charge would never dare leave her post because any minute she might be needed and her absence mean someone's life, and the building of some part of that ship delayed a little longer. Mr. Schwab has recently announced that 200,000 more laborers for ship-yards will be needed by the first of the year. This increase in number of men will mean that these conditions will also be increased.

The bridge of ships must be completed, but is it not also necessary to protect the health of the men and their families in order to facilitate quicker and more efficient building?

J. G. W.

**WHAT THE GOVERNMENT IS DOING FOR VENEREAL DISEASES IN THE EXTRA CANTONMENT ZONES**

BY ANNE DOYLE, R.N.

*U. S. Public Health Service, Division of Venereal Diseases, Washington, D. C.*

When the time comes to "take stock" of the benefits which have accrued from the war, none will show up to better advantage than the progress made in the Prevention and Control of Venereal Disease. In 1916 the writer had occasion to look up some statistics on hospital and dispensary facilities for the care and treatment of Syphilis, Gonorrhoea and Chancroid, and in one city, it was found that of the thirty general hospitals, only ten received patients of recognized cases of Syphilis in actively infectious stages; but, once admitted on some other diagnosis, twenty-seven gave care and treatment, although only seventeen provided the treatment of a syphilologist. Only nine received patients (adults) with Gonorrhoeal infections, needing hospital treatment, and two of this number specified that only surgical cases would be accepted. Thirteen of the thirty would not receive medical cases with known complications of Syphilis or Gonorrhoea.

Venereal cases were not accepted when most amenable to treatment and when hospital treatment was most urgently needed. We were forced to wait until these diseases made it necessary to do some destructive surgical operation before it was possible to get proper hospital treatment for them. This, however, is not the case today. The Government has provided in each of the Extra Cantonment Zones and in each of the large cities immediately adjacent to the Extra Cantonment Zones, clinics for the examination, diagnosis and treatment of Syphilis, Gonorrhoea and Chancroid.

In charge of these clinics are syphilologists, genito-urinary specialists, bacteriologists and nurses.

The Detention Hospitals maintained jointly by the States, Cities or Counties, the Red Cross and the U. S. Public Health Service provide for the early, radical care these diseases require, and at the same time segregate the carriers and prevent the spread of infections.

The social aspects of these diseases has received the attention which we, as Public Health Nurses, have long felt would never come. In a survey made in 1916, it was found that in one hundred and twenty-six social service departments, fifty were concerned with the problems of Syphilis and Gonorrhoea, thirty-nine with Gonorr-

hoea in children, thirty-one with Gonorrhoea in adults. These social service departments for the most part accepted the venereal diseases only as they complicated other conditions. At present there are at least twenty-five clinics for Syphilis or Gonorrhoea which have special social workers attached to them. Attached to many of these U. S. Government Clinics are social service departments, in charge of socially trained, Public Health Nurses whose business it is to see the moral, economic and social reason why each person coming to the clinic is infected, and as far as possible to remedy that reason.

The responsibilities of the nurse in the Government Clinic Social Service Departments are many. She has constantly before her, the duty of first protecting the Army from Disease, second the protection of the community, and last the individual and his family. She must aid in ascertaining the source of infection; she must aid in the rounding up of contacts, for the venereal diseases have their epidemiology just as the other communicable diseases have epidemiology, and contacts and carriers of venereal diseases require just as careful attention as do contacts and carriers of meningitis, etc. The final disposition or "post quarantine" stage of the venereal diseases, especially the female gonorrhoeal patients, is of utmost importance; here the nurse must use exceptional judgment, for like carriers of typhoid or dysentery, carriers of Gonorrhoea are a constant source of danger.

State Health Departments have begun to recognize that they have a share in the fight against venereal disease—that it is just as much their problem as is typhoid fever, tuberculosis or any of the other communicable diseases and must be fought with as much vigor and as much system.

Arkansas	Indiana	Ohio
California	Louisiana	Illinois
Colorado	Michigan	Pennsylvania
Georgia	Minnesota	Virginia
	New York	

have created Bureaus or Divisions especially devoted to the control of venereal disease and an officer of the U. S. Public Health Service has been placed in charge. This and the fact that these diseases have been recognized and branded as communicable diseases, has in a great measure solved another problem in this war against venereal disease.

Colorado Maryland Ohio  
 Indiana New Jersey Vermont  
 recognize Syphilis, Gonorrhoea and Chancroid as communicable  
 diseases and require the reporting of them by name and address.

Alabama	Mississippi	West Virginia
Arizona	S. Carolina	Oklahoma
Arkansas	Iowa	Kansas
California	Louisiana	Massachusetts
Connecticut	Michigan	Minnesota
Florida	New Mexico	New York
Georgia	Oregon	Rhode Island
Hawaii	S. Dakota	Tennessee
Illinois	Texas	Utah
Kentucky	Virginia	Washington
	Wisconsin	

require the reporting of venereal diseases by serial number.

Alabama	Arizona	Arkansas
California	Georgia	Illinois
Iowa	S. Carolina	Oregon
Oklahoma	Kansas	Massachusetts
Michigan	Minnesota	Mississippi
New Mexico	New York	Texas
Virginia	Washington	

require name and address when patients affected with venereal  
 diseases fail to observe proper precautions.

Alabama	Arizona	Arkansas
California	Colorado	Illinois
Indiana	Iowa	Michigan
Georgia	Vermont	Virginia
Oklahoma	Pennsylvania	West Virginia
Kansas	Maryland	Minnesota
Mississippi	New Jersey	New Mexico
New York	Ohio	Oregon
S. Carolina	S. Dakota	Texas
Washington	Wisconsin	

provide detention hospitals and require patients affected with  
 venereal diseases who so conduct themselves as to make them a  
 menace to the public health, to be isolated until such danger is past.

This reporting, however, is not perfect because we have not  
 gotten to the stage where Gonorrhoea, Syphilis and Chancroid take  
 their places beside measles, scarlet fever and the other communi-



cable diseases, and are dissociated from venery and immorality. They are still weapons in the hands of the unscrupulous, thus making the reporting of them by name and address dangerous to the innocently infected. A very big start has been made, however; the Rules and Regulations for the Prevention and Control of Venereal Diseases suggested in the Public Health reports of March 29th are comprehensible and practicable, and fortunately most of the new laws are based upon these.

**Suggestions for State Board of Health Regulations for the Prevention of Venereal Diseases.**

Approved by—

Surgeon General of the Army.

Surgeon General of the Navy.

Surgeon General of the Public Health Service.

*Venereal diseases declared dangerous to the public health.*—Syphilis, gonorrhoea, and chancroid, hereinafter designated venereal diseases, are hereby declared to be contagious, infectious, communicable, and dangerous to the public health.

*Rule 1. Venereal diseases to be reported.*—Any physician or other person who makes a diagnosis in, or treats, a case of syphilis, gonorrhoea, or chancroid, and every superintendent or manager of a hospital, dispensary, or charitable or penal institution, in which there is a case of venereal disease, shall report such case immediately in writing to the local health officer, stating the name and address or the office number, age, sex, color, and occupation, of the diseased person, and the date of onset of the disease, and the probable source of the infection, provided, that the name and address of the diseased person need not be stated except as hereinafter specifically required. The report shall be inclosed in a sealed envelope and sent to the local health officer, who shall report weekly<sup>1</sup> on the prescribed form to the State board of health, all cases reported to him.

*Rule 2. Patients to be given information.*—It shall be the duty of every physician and of every other person who examines or treats a person having syphilis, gonorrhoea, or chancroid, to instruct him in measures for preventing the spread of such disease, and inform him in measures for preventing the spread of such disease, and in-

<sup>1</sup> Reprint from the Public Health Reports, vol. 33, No. 13, Mar. 29, 1918, pp. 435-439.

<sup>2</sup> Substitute period required for other communicable diseases.

form him of the necessity for treatment until cured, and to hand him a copy of the circular of information obtainable for this purpose from the State board of health.

*Rule 3. Investigation of cases.*—All city, county, and other local health officers shall use every available means to ascertain the existence of, and to investigate, all cases of syphilis, gonorrhoea, and chancroid within their several territorial jurisdictions, and to ascertain the sources of such infections. Local health officers are hereby empowered and directed to make such examinations of persons reasonably suspected of having syphilis, gonorrhoea, or chancroid, as may be necessary for carrying out these regulations. Owing to the prevalence of such diseases among prostitutes and persons associated with them, all such persons are to be considered within the above class.

*Rule 4. Protection of others from infection by venereally diseased persons.*—Upon receipt of a report of a case of venereal disease it shall be the duty of the local health officer to institute measures for the protection of other persons from infection by such venereally diseased person.

(a) Local health officers are authorized and directed to quarantine persons who have, or are reasonably suspected of having syphilis, gonorrhoea or chancroid whenever, in the opinion of said local health officer, or the State board of health, or its secretary, quarantine is necessary for the protection of the public health. In establishing quarantine the health officer shall designate and define the limits of the area in which the person known to have, or reasonably suspected of having, syphilis, gonorrhoea, or chancroid and his immediate attendant are to be quarantined and no persons other than the attending physicians shall enter or leave the area of quarantine without the permission of the local health officer.

No one but the local health officer shall terminate said quarantine, and this shall not be done until the diseased person has become noninfectious, as determined by the local health officer or his authorized deputy through the clinical examination and all necessary laboratory tests, or until permission has been given him so to do by the State board of health or its secretary.

(b) The local health officer shall inform all persons who are about to be released from quarantine for venereal disease, in case they are not cured, what further treatment should be taken to complete their cure. Any person not cured before release from quar-

antine shall be required to sign the following statement after the blank spaces have been filled to the satisfaction of the health officer.

I, \_\_\_\_\_, residing at \_\_\_\_\_, hereby acknowledge the fact that I am at this time infected with \_\_\_\_\_, and agree to place myself under the medical care of \_\_\_\_\_ within \_\_\_\_\_ hours, \_\_\_\_\_  
Name of physician or clinic. Address.  
and that I will remain under treatment of said physician or clinic until released by the health officer of \_\_\_\_\_, or until my case is transferred with the approval of said health officer to another regularly licensed physician or an approved clinic.

I hereby agree to report to the health officer within four days after beginning treatment as above agreed, and will bring with me a statement from the above physician or clinic of the medical treatment applied in my case, and thereafter will report as often as may be demanded of me by the health officer.

I agree, further, that I will take all precautions recommended by the health officer to prevent the spread of the above disease to other persons, and that I will not perform any act which would expose other persons to the above disease.

I agree, until finally released by the health officer, to notify him of any change of address and to obtain his consent before moving my abode outside his jurisdiction.

\_\_\_\_\_  
Signature.

\_\_\_\_\_  
Date.

All persons signing the above agreement shall observe its provisions, and any failure so to do shall be a violation of these regulations. All such agreements shall be filed with the health officer and kept inaccessible to the public as provided in rule 10.

*Rule 5. Conditions under which the name of a patient is required to be reported.—(a)* When a person applies to a physician or other person for the diagnosis or treatment of syphilis, gonorrhea, or chancroid, it shall be the duty of the physician or person so consulted to inquire of and ascertain from the person seeking such diagnosis or treatment whether such person has therefore consulted with or has been treated by any other physician or person and, if so, to ascertain the name and address of the physician or person last consulted. It shall be the duty of the applicant for diagnosis or treatment to furnish this information, and a refusal to do so or a falsification of the name and address of such physician or person consulted by such applicant shall be deemed a violation of these regulations. It shall be the duty of the physician or other person whom the applicant consults to notify the physician or other person last consulted of the change of advisers. Should the physician or

person previously consulted fail to receive such notice within 10 days after the last date upon which the patient was instructed by him to appear, it shall be the duty of such physician or person to report to the local health officer the name and address of such venereally diseased person.

(b) If an attending physician or other person knows or has good reason to suspect that a person having syphilis, gonorrhoea, or chancroid is so conducting himself or herself as to expose other persons to infection, or is about so to conduct himself or herself, he shall notify the local health officer of the name and address of the diseased person and the essential facts in the case.

*Rule 6. Druggists forbidden to prescribe for venereal diseases.*—No druggist or other person not a physician licensed under the laws of the State shall prescribe or recommend to any person any drugs, medicines, or other substances to be used for the cure or alleviation of gonorrhoea, syphilis, or chancroid, or shall compound any drugs or medicines for said purpose from any written formula or order not written for the person for whom the drugs or medicines are compounded and not signed by a physician licensed under the laws of the State.

*Rule 7. Spread of venereal disease unlawful.*—It shall be a violation of these regulations for any infected person knowingly to expose another person to infection with any of the said venereal diseases or for any person to perform an act which exposes another person to infection with venereal disease.

*Rule 8. Prostitution to be repressed.*—Prostitution is hereby declared to be a prolific source of syphilis, gonorrhoea, and chancroid, and the repression of prostitution is declared to be a public-health measure. All local and State health officers are therefore directed to co-operate with the proper officials whose duty it is to enforce laws directed against prostitution and otherwise to use every proper means for the repression of prostitution.

*Rule 9. Giving certificates of freedom from venereal diseases prohibited.*—Physicians, health officers, and all other persons are prohibited from issuing certificates of freedom from venereal disease, provided this rule shall not prevent the issuance of necessary statements of freedom from infectious diseases written in such form or given under such safeguards that their uses in solicitation for sexual intercourse would be impossible.

*Rule 10. Records to be secret.*—All information and reports concerning persons infected with venereal diseases shall be inaccessible to the public except in so far as publicity may attend the performance of the duties imposed by these regulations and by the laws of the State.

#### Notes and Suggestions.

*Note 1.*—A rule providing penalties for violation of these regulations should be added if penalties are not specified by statute. It is thought preferable that the statute should prescribe a penalty for violation of regulations of the State board of health. In any case the State law should be examined to make sure that it either prescribes penalties or gives the State board of health the powers suggested by the following wording: "The State board of health shall have power to make such regulations concerning venereal diseases, including the reporting thereof and quarantine of infected persons, as it may from time to time deem advisable."

*Note 2.*—It is recommended that provision for intensive treatment in suitable hospitals while patients are under quarantine shall be made by the municipalities, counties, or the State at public expense, and that adequate hospitals and clinic facilities of high standards shall be made available to voluntary and compulsory patients.

*Note 3.*—For the enforcement of these regulations it is recommended that States establish bureaus or divisions of venereal diseases under the State boards of health and appropriate the necessary funds.

*Note 4.*—The issuance of arsphenamine or equivalents to health officers, institutions, and physicians at State expense under suitable restrictions is a valuable measure for preventing syphilis, as these substances render cases of syphilis noninfectious in the shortest possible time.

*Note 5.*—Provision should be made for the examination of prisoners for venereal diseases and their treatment. If they are still infectious when their prison terms have expired, they should be quarantined and treated until they can be released with safety to the public health.

*Note 6.*—Laboratory tests for syphilis and gonorrhoea should be made for physicians by the laboratories of the State board of health and the health departments of large cities.

*Note 7.*—Due provision should be made for follow-up work and social service in connection with the prevention of venereal diseases.

*Note 8.*—Institutions are needed for the segregation of persons who are, or are almost certain to become, venereal-disease carriers and who can not be adequately controlled in any other way. Sufficient provision for the segregation of the feeble-minded is most important.

*Note 9.*—It is recommended that the "floating" or "passing on" of persons having venereal disease from one community to another be prevented.

*Note 10.*—It is suggested that the bureau of venereal diseases carry on a campaign of public education in venereal-disease prevention, and in the conditions responsible for the dissemination of venereal diseases.



The Government has also provided for the enforcement of the law as it relates to the prevention and control of venereal disease, and there exists in Washington under the Commission on Training Camp Activities, a Law Enforcement Division in which is represented the best legal brains in the country. Venereal diseases have problems peculiar to themselves; one of the greatest is prostitution. Prostitution in turn has many problems; all of which have need for legal treatment for their eradication just as the diseases incurred by them have need for the treatment of the syphilologist and a genito-urinary specialist, and attached to each of these extra cantonment zones is an officer whose duties are as well defined and as much a part of this campaign against venereal disease as are the duties of the medical officers, the nurses and the social workers.

Section 13, now Chapter 14 of the Selective Service Act is to the Law Enforcement Officer what Salvarsan and the Silver Salts are to the Medical Officer.

*Chapter 14—Prohibiting Prostitution Near Cantonments:* That Section 13 of the Act entitled "An Act to Authorize the President to increase temporarily the Military Establishment of the United States," approved May 18, 1917, be, and the same is hereby amended to read as follows, subject to the modifications as prescribed in the Act approved October 6, 1917:

Sec. 13. That during the present emergency it shall be unlawful, within such reasonable distance of any military camp, station, fort, post, cantonment, training or mobilization place as the Secretary of War shall determine to be needful to the efficiency and welfare of the Army, and shall designate and publish in general orders or bulletins, to engage in prostitution or to aid or abet prostitution, or to procure or solicit for purposes of prostitution, or to keep or set up a house of ill fame, brothel, or bawdy house, or to receive any person for purposes of lewdness, assignation or prostitution into any vehicle, conveyance, place, structure, or building, or to permit any person to remain for purposes of lewdness, assignation, or prostitution in any vehicle, conveyance, place, structure, or building; and any person, corporation, partnership, or association violating the provisions of this chapter shall, unless otherwise punishable under the Articles of War, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1,000, or by imprisonment for not more than one year, or by such fine and imprisonment, and any person subject to Military Law violating this Chapter shall be punished as provided by the Articles of War; and the Secretary of War is hereby authorized, empowered and directed to do everything by him deemed necessary to suppress and prevent violation thereof."

"Prevention" has its part to play and still another group of people has been provided. The Women and Girls' Department of the Commission on Training Camp Activities has detailed women

workers who act as protective officers and who are in a large measure responsible by their vigilance, tact and courage for setting a great many thoughtless girls in the right path, and preventing their stumbling into the many pitfalls made possible by the camps.

It has been the writer's privilege to see actually demonstrated the vast amount of real good that these protective officers have been able to do.

The educational measures too have gained weight, and it is becoming possible for us to get up in halls, schools and even in churches and actually call these diseases by name. Newspapers are slowly beginning to print legitimate information concerning these diseases with almost the same grace with which they print the ads of quack doctors and vendors of quack medicines. A Bureau for the education of women and girls along lines of social hygiene and venereal disease has been created with a competent woman physician of the U. S. Commission on Training Camp Activities in charge. A similar one exists for men and still another for soldiers.

The Government has employed experienced persons—specialists in fact, to head these departments and to educate the teachers who in turn educate the masses. Simply written, easily understood literature has also been provided. Films and posters which speak to the illiterate is another gift.

For the administration of this enormous campaign there has been established a Division of Venereal Disease in the Bureau of the U. S. Public Health Service, and Congress has passed the Chamberlain-Kahn Bill which makes possible funds for the control of venereal disease throughout the United States. With these funds available and the splendid co-operation provided for by the U. S. Public Health Service, it is believed that this campaign which has been so successfully organized in the extra cantonment zones will soon become a nation wide movement.

**STUDIES IN EPIDEMIOLOGY**

BY CHARLOTTE HOYT BALLANTYNE, R. N.

At the direction of the Surgeon General of the United States Public Health Service, studies of epidemics occurring in the extra cantonment zones have been made to determine the bearing of the presence of the camps on the spread of communicable diseases. With this in view the studies have been concerned chiefly with the source of infection, rather than with the treatment and control of the disease.

Revised reports of two of these studies, as given below, call attention again to the paramount importance of a "community conscience," or rather an intelligent understanding on the part of each individual in a community that in matters of health he is his brother's keeper; together with a knowledge of the prodromal symptoms of the communicable diseases. Knowing the symptoms the individual or the parent must realize that it is his *duty* to keep the patients isolated until the symptoms subside or a diagnosis is made, and he must know too that only when he fulfills this duty can these diseases be controlled or prevented.

Efforts of public health workers are constantly being thwarted by the indifference or selfishness of people who are the ones having most at stake. The economic loss—as the loss at the factory when a number of employes are ill during an epidemic of measles, or the disorganizing of the schools, making almost half of the year's work unsatisfactory—should be considered seriously by the people of a community; to say nothing of the bad physical effects on those suffering from the disease.

The zone in which the following studies were made far exceeds the regulation five mile limit, for it not only extends to, but includes a city of 125,000 inhabitants which is eleven miles from the Camp.

The epidemic of scarlet fever occurred in a farming district so that when the school was not in session, families were practically isolated.

**REPORT No. 1****EPIDEMIC OF MEASLES**

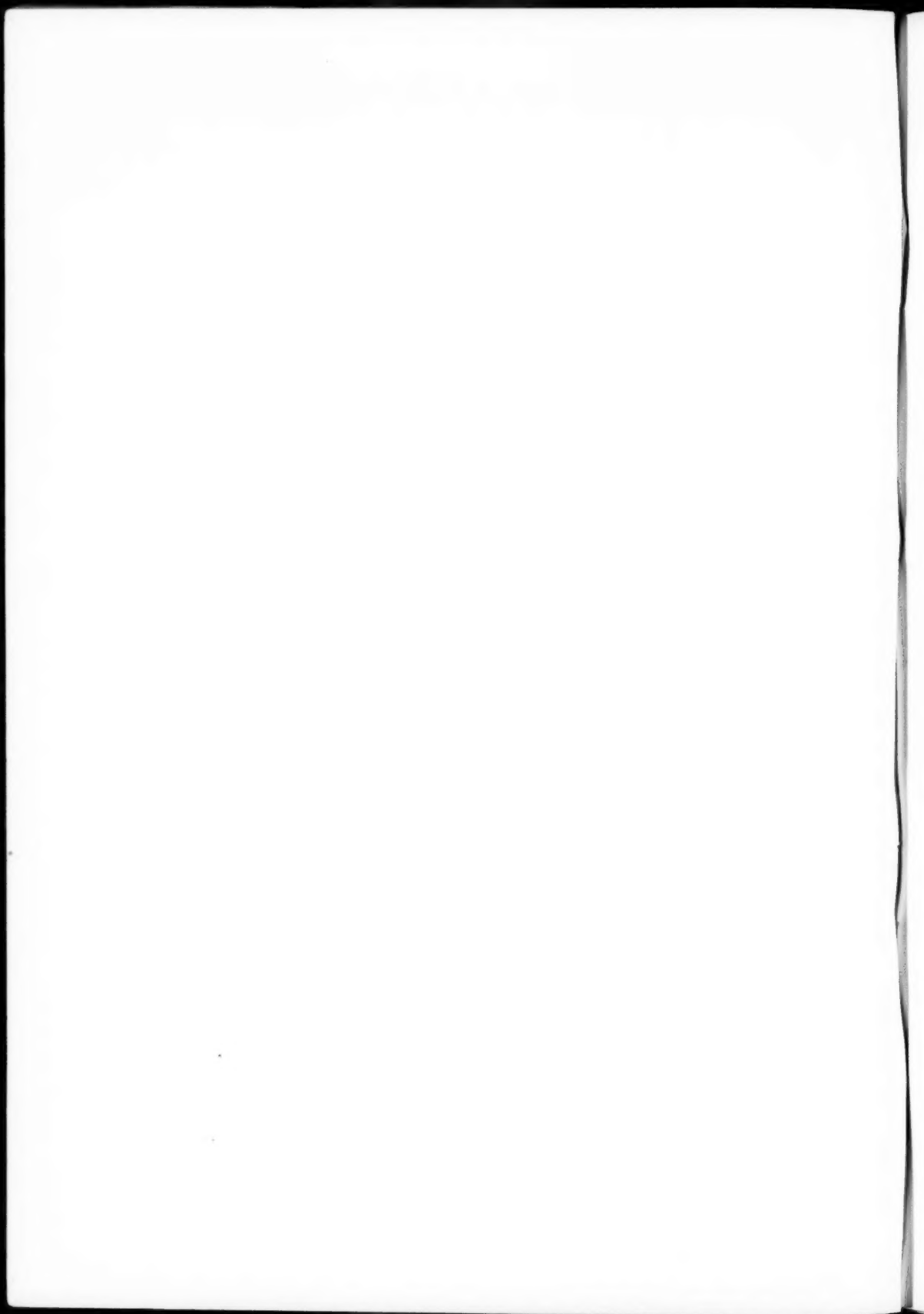
An epidemic of measles occurred in a town of 300 inhabitants located seventeen miles from the city and immediately outside the



COMBATING EPIDEMICS.



MEASLES DISINFECTION.





limits of the camp. This epidemic began about Dec. 6, 1917 and the last case was reported about Feb. 10, 1918.

The first cases seem to have resulted from exposure to one case, that of a boy living in the city and attending high school. The source of his infection has not been discovered, as previous to the time he contracted the disease no other cases are known to have occurred in the school and there were no known cases among people with whom he associated.

The boy's father works at the camp, returning every evening, but no other persons from the camp had been in the home and the boy had not been at the camp.

This boy spent two days in the town and on the last morning of his stay the rash appeared. He returned to the city on an inter-urban train. The boy in whose home he had stayed had measles some years before as had all other members of the family. During his visit, he attended a minstrel show accompanied by several other boys. Nine days later two of the boys with whom he had attended the show developed measles and two days thereafter, two others. With one exception, these boys were in schools up to the time that the rash appeared, thus exposing about 50 pupils. Several cases followed this exposure.

At this time Christmas entertainments were being held in the school building and in the various churches. These were attended by the people from the surrounding country and the disease spread rapidly.

There have been approximately 125 cases, the patients varying in age from a few months to fifty years. About 50 per cent of the cases have been school children. The cases generally were mild in character and there were no complications and no fatalities, though in a few cases there has been a slow return to health and many of the children have suffered from weak eyes even after their return to school. In many cases, pupils lost from two to three weeks of school and owing to the absence of so large a percent of the pupils the work of the school was seriously interfered with for from five to six weeks.

Owing to the proximity of the camp, soldiers from there frequently visited the town and the homes of the people, but investigation showed that no cases had recently been in the homes where the early cases occurred, neither had the people from these homes been at the camp, so that the occurrence of the epidemic cannot be directly traced to the presence of the camp.

This epidemic was followed by a similar one in another small town about six miles distant; a town of three hundred inhabitants, situated four miles from the camp and fourteen miles from the city. This epidemic extended over a period of seven weeks from Feb. 12th to April 1st, 1918. There were sixty cases in the town and the surrounding country, about one-half of them being school children. Ten were adults and the remainder children below school age. Because of the nearness of the city and the frequency of train service, there is much traffic between the two places. Some of the men in this town have worked at the camp, while some of the soldiers in training at the cantonment have homes in the town, so that there is constant going back and forth.

A canning factory is located here and affords employment to a large number of the people and it was among the workers here that the first cases occurred. Two of the employes were taken sick at about the same time and it would seem probable that the source of infection might be the same in both cases, but there is no history of definite exposure in either case, neither having come in contact with the disease, so far as he knows. One of these men had been in the city ten days before the attack occurred. Another case which developed ten days later may have been contracted in the city, but with no history of definite exposure in either initial case, it has not been determined whether the infection came from the cantonment, from the city or from the neighboring town.

Very few cases were of a severe type, but two patients developed pneumonia in a very serious form, both recovering. No other serious physical after effects were apparent at this time. However, the best interests of the community were seriously affected. Among so small a number of workers, when twelve were disabled for two weeks, the work was naturally crippled. The school has an enrollment of one hundred and fifty. Of the thirty pupils who had measles, only three were in high school. This made the percent of attendance in the grades very low for a number of weeks and it was impossible to carry the work forward with any degree of satisfaction. The situation was even more difficult when pupils returned after an absence of two weeks or more. It is safe to say that for a period of two months at least, all of the pupils in the grades were at a great disadvantage.

## REPORT No. 2

## EPIDEMIC OF SCARLET FEVER

An epidemic of scarlet fever occurred in the vicinity of a consolidated school, located about three miles from the camp and directly between the camp and the city. This school is the center of a farming community, the district covering an area of about seventeen square miles. Children living at a distance are taken to and fro from school in wagons carrying twenty persons, a small number go on interurban trains, while only a few walk. There are one hundred and seventy pupils enrolled and with a large percent of them coming in close contact with so many people each day there is great opportunity for the spread of infection.

The epidemic began about January 20, 1918 and the last case was released on March 16th. All cases were of a very mild type, the patients being only slightly ill for two or three days. In several instances no physician was called and some families, desiring to escape quarantine, did not report case. These were discovered by investigation on the part of the United States Public Health Service and were placed in quarantine.

The first case that occurred was thought by the family to be German measles. No physician was called, the child was indisposed, there was a rash which disappeared by the end of the second day and the child was out of school only three days.

About ten days later one of the pupils was taken sick in school, was sent home and a physician who was called pronounced the case scarlet fever. A few days later another pupil, slightly ill, was taken by his father (a teamster at the camp) to a physician who diagnosed the case as scarlet fever. This boy had driven one of the school wagons only the day before the rash appeared. At this time the school was closed for a period of two weeks and efforts were made to discover and quarantine all cases. Other cases developing in the family brought to light the case first mentioned. Efforts to learn the source of infection in this first case have not availed anything. The child had not been away from home, except at school, for several weeks and no persons from outside the immediate neighborhood had been in the home. One member of the family had been in the city some weeks previously.

Of the thirty cases that were recorded, all but three were school children, two of these were secondary cases in the home, while the other was a child three years old, living one-half mile

from the school. This was an only child in the family, the father working in the city and going in his own car each day. This was among the earlier cases and was mild in form, but the child had a discharging ear which kept him under the care of a physician for three weeks. This was the only case in which any of the sequelae occurred.

It would not seem that the epidemic could be attributed to the training camp.

A few sporadic cases have been reported from communities farther distant.

\* \* \* \* \*

#### CHANGE OF ADDRESS

We again ask our subscribers to notify us of any change of address. It is not sufficient to notify the postman or post office of change of address as magazines which go as second class matter cannot be forwarded without excess postage. It is necessary *if you want your magazine* to forward any change of address to 612 St. Clair Ave. N. E., Cleveland, Ohio, before the 15th of the month preceding publication.

**CONTROL OF EPIDEMICS IN FACTORIES**

BY LOUISE DREW PERRY, R. N.

*Dennison Manufacturing Co., Framingham, Mass.*

The opportunities afforded the industrial Public Health Nurse to help in keeping communities healthy and free from epidemics are very great as she comes in contact daily with a large number of people representing, usually, several towns or cities.

Co-operation is the first thing for her to seek. In factories where a physician is employed the nurse and physician should report their observations to each other and work together for the control of epidemics. There must be close co-operation with the Employment Department, Department Heads, and Foremen. Through these sources the doctor and nurse can obtain necessary information and the good-will of the employees. The factory medical department should aim to become acquainted and to co-operate with the local Public Health authorities, for through them much help may be had and the assistance of the state district health officer, if necessary.

Compulsory physical examinations are of great importance in that they prevent any person having a communicable disease obtaining employment and thus bringing the disease into the factory. In the factories where physical examinations are not compulsory the industrial nurse must depend more or less on her own observations, while making her rounds through the factory, to discover those people who are in the need of medical advice or treatment, and must look to the foremen for help—the foremen being instructed to send any employe seemingly not well to the nurse or doctor.

Education along health lines by the means of bulletins issued from the medical department, either distributed among the employes or put on the bulletin boards, is of great help in teaching the dangers attending the different communicable diseases and ways of preventing the spread of these diseases.

Inspection of the source of the milk and water supply and regular, frequent inspection of the sanitary arrangements of the factory and the consequent reporting of any defect found to the proper authorities, all lie with the factory nurse or doctor and are some of the first steps to be taken in the control of epidemics.

Personal contact with the employes should be sought; and when once they have been made to realize that the nurse is inter-

ested in them personally they will come to her more freely for advice and treatment and bring fellow workers with them.

Perhaps the most common epidemic to be fought in factories is that of the head cold and simple sore throat. One manufacturing plant near Boston reported that during two of the coldest winter months 600 patients were treated for affections of the throat and that in one month alone 220 patients suffering with head colds were treated in the coryza room successfully. Early treatment of colds and inspection of all sore throats, taking the temperature of the patients, and sending home any whose temperature is 99° F. or over, until they report well and improved, will help to control an epidemic which might prove serious.

Employees having a suspicious rash should be sent home, even though there is no elevation in their temperature, until the rash has disappeared or been satisfactorily proven harmless. Last Spring in one large factory a scarlet fever epidemic was controlled by the medical department when they found that 200 employees were coming in to work daily from a town where a scarlet fever epidemic was raging. They called on the Employment Department to send all employees residing in above mentioned town to the Clinic for examination. All throats were inspected and temperatures taken; any one found to have an inflamed throat or a temperature of 99° F. or over was sent home and told to report again in one week if nothing developed. This was done every day for four days.

One very suspicious case was sent home on the first day and diagnosed as scarlet fever on the second day. The department in which the patient worked was fumigated and all employees working there examined twice daily for one week. One boy was sent home but proved to have tonsilitis. In the meantime, all foremen were notified and showed a fine spirit of co-operation by sending to the Clinic anyone working under their direction who did not seem well.

The epidemic was soon controlled and the town where it originated and the factory really had no epidemic at all; but if prophylactic measures had not been taken promptly very serious complications might have resulted, as there were people among the employees from several towns.

The telephone transmitter in a factory, when it is used constantly by many people, is a source of infection if not carefully washed and protected. Washing the transmitter and receiver daily with a formalin solution and protecting the transmitter with a



square of parafined paper are good means of protection against the spread of disease.

The sanitary drinking fountains have to be constantly watched and employes should be instructed not to put their lips against the edge of the bubbler.

Unlawful spitting, the gravest danger of all, in that it promiscuously spreads disease, is a problem which has to be dealt with according to the surrounding conditions and facilities at hand for its control.

### SUGGESTIONS FOR INDUSTRIAL NURSES

Nurses frequently say that they don't know how to write a monthly report, that they can't see very much sense in bothering with stories. The four following reports from industrial nurses in Chicago are given because they may prove helpful to nurses in similar work. The first type, a purely statistical one, is of course absolutely necessary in any form of public health nursing, but unaccompanied by the explanatory notes of the second and third reports, these statistics do not give the superintendents and managers handling the reports, any idea of the effectiveness of the Visiting Nurse in the homes of employees.

#### First Report.

Number of old patients.....	7
Number of new patients.....	23
Total patients .....	30
Nursing visits .....	48
Other visits .....	69
Total visits .....	117
Dressings at plant .....	151

Respectfully submitted,  
Visiting Nurse.

#### Second Report.

The following report was accompanied by the usual statistical statement:

Dr. ....,  
Department of Sanitation,  
..... Company.

My dear Doctor:

The following is my report for June, 1918. Although I have only had 26 new patients this month, I am glad to say that sixteen were referred through the shop. I am sure that the item in the *Shop Monthly* is responsible, as so many of my families tell me that they read in the *Monthly* about the nurse.

So many of my patients say that they would rather call the nurse directly, as the men seem backward when it comes to asking the foremen to send her. So I would suggest putting the shop telephone number in, so that the members of the families may call the dispensary, for I am sure that I would receive the calls when the patient is first taken ill, instead of when it is too late. I very often receive calls so late that no one can do any good or be of service to the patient.

It is the women of the families who most appreciate the services of the nurse. This is an example: His wife was pregnant and she asked him to speak to the foreman of his Department and ask if the nurse would go in and give her some advice. He said he would and for weeks he promised

he would tell his foreman to notify me, but neglected doing so until finally the woman was taken sick. Then he sent for me immediately. I received the call at 12:15 on Monday, made it my first call after lunch, found the patient in a serious condition and the doctor there. I asked if I could be of any assistance to him and he said he would appreciate my help very much. About an hour later the patient was delivered of a dead baby. I gave the patient the usual after-care. When the doctor left, the patient seemed exhausted, she did not look right, and before I left she had a severe post-partum hemorrhage. I had the family call the doctor while I did what I could. By the time the doctor came the hemorrhage was under control, but the patient was very weak. We watched her very closely until her condition seemed favorable. This is a case where, if the woman had known that she could call the nurse herself and not wait for her husband to do so, I might have done some good pre-natal work. This is not the only case I have met with this month, where the patient has said the same thing.

Some of our men have been quite busy this month and others complain of being quite dull, but I am happy to say that they are getting along and trying to keep out of debt. A number of my families are interested in the new Infant Welfare station that has been opened in Jackson Park. I know that our families will work well with it, as they have been very anxious about the babies this last month.

Respectfully submitted,  
Industrial Nurse.

### Third Report.

Mr. ....

Dear Sir:

This month, although the district has been very heavy with acute illnesses, I managed to get time to visit many of our families socially and at the same time observe the living conditions, as so many of our men are out of work. At present those families whom I visited seem comfortable and have plenty to eat, but if our men do not get steady work, it will just be a matter of time until they will be dependent on the United Charities and County Agent.

The Inside Finishers and Trimmers seem to be the men who feel this lay-off most keenly. I am making daily calls on one family where the father has worked three days in two weeks. The mother has been very sick and I have had an opportunity to observe this home very closely. There are four children, the oldest thirteen years old, who is taking care of the house during the mother's sickness. I remarked to the mother on the child's good management and was told that they feared that if they were not economical they would end in the poor-house. Then again, we have families where the men have worked only one week since New Year's, so unless work picks up, I am afraid we are going to have serious times.

I am glad to say that during the cold spell our families had plenty of coal and wood, none of them seemed to suffer from want of food or fuel. Mr. Smith of the Bank and I made rounds in our families living right near

the shops and found them all comfortable. One case was reported to me as being destitute, with absolutely nothing to eat, suffering from the cold, etc. I made it my first call, found the mother, father and two children very comfortable with two stoves with good hot fires. The children were eating breakfast and everything was very comfortable. I asked if there were anything needed and the mother said that the only thing she needed was a pair of shoes. I managed to get a pair of shoes which will answer until the man gets work, and made her very happy. Often cases are misrepresented when first reported, and it is always best to investigate before giving any help. Still, I sincerely hope that the work will pick up so that conditions will improve. Our people do not like to ask for aid.

Respectfully submitted,  
Industrial Nurse.

## RECORDS AND STATISTICS

BERTHA MONTANYE

*Statistician for the Nursery Service of Henry Street Settlement*

The value of records and statistics in Public Health Nursing is recognized by all nurses; but, the keeping of records and compiling results therefrom is very often a difficult and irksome task to them. Perhaps one reason for this is that while a nurse may realize that records are important and may collect material for them day after day, aside from the direct bearing this material has on the individual patient, she has little knowledge of how it is used or what it really means in its larger sense. She needs to be interested, she needs to understand just how it is used and as she sees the result of her work on each patient, so she should see the result of her work as a whole,—not only her cards and histories filed away with thousands of others, but also the interpretation of her work by means of statistics.

Clerical work is foreign to many people; it plays a small part in the curriculum of the modern training school and yet one of the duties of the nurse in the Public Health field is to keep records of all her cases, and to give an accounting to her organization of the work she has done. As has already been said, it is not necessary for every nurse to be a statistician, but it is necessary for every Public Health Nurse to have a certain knowledge of the meaning of statistics in order that she may be able to gather intelligently the material she needs for the records of her patients.

We have been asked to tell something of the methods of the Henry Street system and of the conclusions reached as a result of our experience.

It has been possible for certain groups of nurses at Henry Street to have had a series of talks and some practical work in Record Keeping, and it is always a great pleasure to see their interest awaken, and their enthusiasm as they develop the "paper part" of their nursing work. They see at once when they begin to tabulate, how much one missing item means; they see its relation and value, and in the final analysis of the work and the reading and interpretation of the analysis sheet, almost invariably, we get the remark:

"I had no idea this sort of thing was really so interesting or that it could show so much."

These nurses have also been shown the method of accounting to the Metropolitan Life Insurance Company of the work done for them, from the checking up of the mailing cards or vouchers to the monthly report and bill; this work for the Metropolitan is of the greatest help in making the nurses realize the value and necessity of accuracy. We hope that in time it will be possible for Henry Street to give to each nurse who comes on the staff some regular training in this work. Even though she may never be required to do the actual record keeping herself, it will at least show her its importance.

To the nurse who works alone in a small town or community, this knowledge should be of great value; that it is needed is constantly shown by the demands that come to us and undoubtedly to other large organizations, for advice as to how to keep records, what forms to use and how to show what has been accomplished and what needs to be done. Very recently, we were asked by the nurse in charge of the Social Service Department of a New York hospital, to go over their records and methods of keeping them and suggest ways in which the mass of material they had might be used or eliminated. This nurse knew the value of the material she had in hand, but was unable to use it as a means of showing the result of the work.

We have always endeavored to keep our records at Henry Street as simply as possible, to avoid collecting material that we do not use and to have the nurse in the district do a minimum amount of clerical work. To this end, we have found it best with our large and constantly changing staff, to have the Record work done at one central point by a staff specially trained for this purpose. This staff at present consists of six nurses and three clerks, and it is their duty to make the history cards and compile the histories from the nurses' daily report sheets; check up and ask for missing information; to register all visits to the patients; to keep the nurses' time sheet and make up the monthly payroll from it; to get the material ready for the many reports that go out each month and to make a final monthly analysis of the work of the whole service.

We require the nurses in the district to submit every day on form sheets, written reports of the work they have done in their districts. The reports are made in duplicate, one being given to the supervisor and filed in the center at which the nurses report, the other is sent to the Main Office where the material noted is



used as the basis for all the record work. They record certain items for each new patient they take up, and others when the patients are discharged from the service. The nurses are responsible for sending a form letter to physicians asking for correct diagnoses; we have found this necessary, as it frequently happens that a nurse may never see the physician whose patient she is nursing, his orders all being left in writing and the diagnosis omitted; we are getting excellent results from this procedure, far better than when the information was asked for over the 'phone, and at a much less expense, as it often takes two or three calls before a physician can be reached.

Each nurse keeps a day book wherein is listed the names of her patients and the dates of the visits to them, the diagnosis, physician's name, etc. At the end of each month, she submits to the Main Office a list of the patients she is carrying over for further care. In certain centers the nurses are keeping their own record cards, and this is done whenever a supervisor so desires. Where special studies are being made, the nurses' interest is enlisted, the matter is taken up at one of the Council meetings, the data needed is discussed, forms or questionnaires provided and distributed to be filled in and returned to the Main Office where the material is tabulated. We are at present working on such a study of all cases of pneumonia coming under our care. The nurses are collecting extra data which is added to the regular history card and the material is being tabulated and put into shape. The nursing of pneumonia patients forms such a large part of our work, that we felt a special study, including home conditions, might throw some light on why pneumonia is so prevalent in certain sections of the city and among certain people. As we deal with several thousand cases of pneumonia every year (in the month of March alone, we cared for 1,090 cases), the number we think will be sufficiently large to permit some conclusion being drawn and we will be able to map out a definite plan whereby the nurses can begin intensive educational work.

Special forms required by several different organizations for which we do the nursing work are filled out by the individual nurses as the cases reported are visited.

The actual record keeping at Henry Street is done in the Main Office; here the work of the whole staff is brought to a focus; we have all the material together showing the work in the various sections of the city; we are able to see at a glance where the work

is heavy and where it is light, where help is needed and where it can be spared; we have the work of each nurse, of each center, and of the whole service at hand and we have on file a history card for every patient in the city who is under our care, and in the closed files, a record of all cases that have been under our care for the past five years.

The final analysis of the nursing affords a most interesting and valuable study; it proves beyond a doubt the worth of the nurses' efforts, it gives an impressive picture of what is being done month by month and year by year; it shows the growth, the development and result of the nursing work in various sections of the city. As a morbidity record it is most important. We have every year thousands of cases analyzed according to disease, age, sex, color, nationality, occupation and to the districts in which the illnesses occur, as well as the case fatality. If a comparison could be made of these analyses of patients cared for at home with similar ones of those cared for in hospitals, we might reach some very interesting conclusions; but very few hospitals go into such a careful analysis of their work; they have the material collected but rarely put it in form. We know, for instance, although we have no actual proof, that among children cared for at home, the case fatality in certain acute diseases is lower than among those cared for in hospitals, and so every effort is made to keep the little children at home and to give them the best nursing care possible,—this may mean two or three daily visits and a special night nurse, but the result shown by our low mortality rate has proved that it is worth while.

Graphs, charts and maps illustrating the scope and growth of the nursing service are made from time to time and are used as a means of interpreting the nurses' work to the public whose generosity makes it possible. A bulletin, usually dealing with some interesting phase of the work, is published at intervals throughout the year.

We are constantly being impressed with the importance of our morbidity statistics. If this is so of those of a single group, a study of the combined experiences of all nursing organizations would surely be a valuable contribution to the health of the nation. It would not be such a difficult task to make this study, but it would be necessary for each organization to collect and record its data in a uniform manner.

The records of the visiting nurse show that she has her finger on the pulse of the city and any unusual health condition is felt at once, even before the Department of Health publishes the facts concerning it. These facts as a rule are indicated by the number of deaths; but, before these deaths occur, the nurses have been dealing with and combating the illness.

## THE VALUE OF RECORDS

BY EDWINA L. KLEE

*Supervisor, Visiting Nurse Association of Chicago.*

The Chicago Visiting Nurse Association cares for so many individual patients—over 30,000 annually—that complete history cards are not written for every family, only for those to whom we make more than three consecutive visits; but an index card embodying the ten items requested by the 1914 Committee on Records and Statistics of the National Organization for Public Health Nursing, is kept at the Main Office for each patient. The following story illustrates how useful accurate data on an index card may be, even when a patient receives only two visits.

Recently a District Superintendent of the United Charities came to a Visiting Nurse sub-station for information on a family which her association had not helped in five years. The mother had deserted her two-year-old baby, John, at the Home for the Friendless. After the time promised had elapsed, the Home, unable to trace her, called upon the United Charities for assistance. The family had moved. The worker said that the Visiting Nurse Association had made the last registration on this family on June 15, 1918. Five other agencies were interested, but not one had the present address.

The Visiting Nurse looked in the sub-station's closed file and found no history of the Jones family. She looked in the July time-book, kept in the nurse's till; no such family had been forwarded into July. Next she called the Main Office, asking the clerk to look through our closed file for Annie Jones, 2210 Avenue M., first visit June 15, 1918. A card was found for Mary Jones, but none for Annie. "How old is Mary?" was the next question. "33" came over the telephone. Miss F., the relief worker, consulted her record. Annie was 28 in 1913—perhaps Mary and Annie were the same. The diagnosis? Pregnancy. "Just what I wanted to find out," said Miss F. "What did we do with the patient?" was our next question. The filing clerk answered, "The case was referred to us by the Out-Patient Department of the Presbyterian Hospital and the patient was dismissed "unimproved to P. H.'" "Just what I wanted to know," said Miss F.

Then she called the Presbyterian Hospital and learned the following from the Social Service Department: Mary Jones was admitted in June and confined in July. She seemed mentally de-

fective and as both John and the new baby were illegitimate, the Department had the patient examined at the Orthogenic Clinic, where she was found to be a moron with the mentality of a child of eleven. She was sent to the Psychopathic Hospital, but the judge decided to give her one more chance before committing her to Lincoln, our State institution for the feeble-minded.

The Juvenile Protective Association and the Juvenile Court are interested in this family, for Mrs. Jones received a pension for her first three children following the death of her husband. This pension was revoked because of the birth of a fourth child, John, two years after her husband's death. The various agencies interested are going to try to have the case reopened, feeling it unwise to wait longer before committing this feeble-minded mother to an institution.

All of this information was available and a constructive working plan made for this family within a very short time, because the Visiting Nurse had sent in an accurate record of two visits, and had used the Social Service Registration Bureau.

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#### NOTICE TO SUBSCRIBERS

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**MY WORK—WHAT I EXPECTED, WHAT I FOUND AND  
WHAT I LEFT**

BY ISABEL KELLY, R. N.

When I left Chicago, where I had specialized in tuberculosis work for two years after graduation, to become a county tuberculosis nurse in Everett, Washington, what I expected to find, and what I did find were two very different things. What I expected to find was a well-organized society in this city of twenty-five thousand, in a county of seventy-five thousand; but what I found was an Associated Charities and Anti-tuberculosis League, kept up by the sale of Red Cross seals and by several prominent business men.

I was to be known as a county tuberculosis nurse, salary paid partly by the association and partly from the county. I was also to take the place of the secretary. My first few days were devoted to calling and recalling on a few tuberculosis patients. The Association already had the names on their books. I called on all the doctors, explaining to them my work and told them what I hoped to do, with their co-operation. Then I studied the county and city maps, and procured a state map that had all railroads marked, so that in going through the country I knew just what trains I could take.

Conditions were anything but ideal for accomplishing what I had set out to do. Often I was obliged to wait hours in dirty little railway stations for trains, as that was my only means of transportation. It was tiring work, after starting out early in the morning, I did not reach home until very late at night. To make matters worse, the weather was rainy and foggy a great deal of the time.

Leaving a large city where I had been accustomed to a well-organized nursing association, modern hospitals, sanitoriums, and free clinics, and finding myself in a small city without even a well-organized association back of it, the outlook did not seem very bright for an attempt to do rural nursing. I also found that rural district nursing requires more than any other form of nursing, tact and diplomacy and the making of friends with all classes of people.

When I was unable to get to a certain town by train, it was necessary to travel by buggy, often leaving this by the roadside to walk miles up or down the foothills or their densely wooded paths; and if it had not been for the beauty of the country some of my trips would have been hard and monotonous; because there are



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many disappointments and much criticism to be met, and with such a large territory one could not always do all one wished. Sometimes I would spend a week at a time going from one town to another; but in my third year, the auto-stage came in, and I could get one almost at any hour and the men would take me to my case between trips if he had time. In this way much valuable time was saved.

My work was arranged so that Mondays and Saturdays were spent in the city where I had established headquarters, because it had the best means of transportation and working conditions. These two days I devoted to calling on the tuberculosis patients. Most of these had private physicians and I always secured the physician's permission before calling. I called every Monday morning at the Commissioners' office, and took up all cases that needed their help. In this way, the Commissioners were familiar with most of my patients. I asked them to allow so much to supply milk and also to send patients to a private sanatorium for not less than three months. They were willing to co-operate, and they never passed a case before first consulting me and asking my advice. I also found the physician in charge of the work in Seattle willing to co-operate, as he referred most of my cases to me. Many patients going to the Clinic for the examination belonged in my county.

In Seattle was a very fine Children's Orthopaedic Hospital, kept up by private subscription, where they were always willing to take any child I would recommend to them for treatment. I also called on private cases of theirs who had returned home to my county, always reporting to the hospital when necessary.

The County Superintendent of Schools, a big, broad-minded woman, allowed me to go into the rural schools and always when I came in the teachers would welcome me because they felt when I told the child what to do, the parents would not think they were interfering. And this again meant tact, because the rural schools always are composed of two factions.

My work took me also among the Indians, many of them half-breeds, very suspicious of one at first. One case was that of an Indian dying with tuberculosis. The doctor from a smaller town took me out to see if I could help him. When I arrived, they would only open the door and peek out. Finally after a lot of motions and when a child came who could speak English, I was allowed to enter. Here on the floor, and covered with rags, lay the patient, coughing

and expectorating everywhere. In the center of the room sat an old lady, Pilchuck Julia, his mother, sorting some old dirty feathers she had picked up after a fire in a downtown hotel. I finally persuaded them to use their tent, which they took with them every year when fishing, for the patient to sleep in, provided the county commissioner would allow me to buy lumber enough and pay a man to put up the sides. I spent several days on this case, walking to and from it. Finally the tent was built, so I went back in a few days, and saw my patient was going to town in a horse and wagon, on business, so Julia said. He was in the tent that night only, dying the next day. They burned everything, tent and all, before I reached them, but I was able, after many visits, to have them clean up the house, and felt that something had been accomplished.

Another case was that of a young married man who had tuberculosis. Through the help of the Associated Charities, we had a nurse to take care of his wife who had just had twins. Finally we arranged that the husband should go to a sanatorium and the County Commissioners would see that he stayed three or four months. At the end of three months he returned and then we found we should have the entire family to care for. We learned that the wife's father had a few acres and a house out in the country, so with some assistance from a lumber company where the patient had worked, the family were moved out there, in time to start a garden. Chickens and feed were given them, and they were there for a few months. When I heard again, the husband had gone east of the mountain and was taken ill and had to return again. In the meantime, the wife had gone to live at home. Finally we had them taken to the country again, and in December a call came saying that the patient was very ill, and they were unable to get food. I went out in a machine—it was then snowing—the first snow they had had for twenty years. It was very difficult to get a machine through; and it was finally necessary to go several miles to find a man with a buggy to come and take the man to the machine; then to walk several miles to the nearest house to see if the woman would not take the wife and babies, for a few days, until we could find a place for them, while the patient was in the hospital.

By the time our new Tuberculosis League was launched, and while we had only a few people attending the meetings, we haunted the County Commissioners on all days we could, putting our plans before them. During this time there had been a change, and new men coming into office made it necessary to start all over again to

educate them to our way of thinking. After many months, we were able to find a suitable place to have our Tuberculosis Sanatorium, as the Commissioners had placed \$5,000 in the yearly budget. After many meetings, we finally found out why the money had not been used in previous years—it had been reverted to the general fund—so it meant that we must get busy and use at least what we could of it. It was planned then to buy a site which we had picked out, a tract of twenty acres on a slope overlooking a very pretty valley on one side, and the Cascade range of mountains back of that. On the other side were the Olympic mountains with a small lake only a half mile away from the site. It was decided that in order to get the building, we must take it up with the tax-payers. So the league went into debt, thinking that the sale of Red Cross Seals would pay it. Pamphlets were printed, telling the amount they would pay in taxes the next year. These, the Secretary of the State Tuberculosis League, and I took around to all lumber camps, towns, and even put placards on trees along the roads. After many difficulties and obstacles we won, four to one, and the sanatorium was opened.

These are only a few of the hardships and discouragements that beset the rural district nurse in the west, but the country is beautiful, the people are generous, once you have wakened them, and the results are gratifying to one who is really interested in her work. The satisfaction of accomplishing something is well worth the disappointments of the journey.

**AN EXPERIMENT IN COMMUNITY NURSING**

By FLORENCE SNIDER BREWSTER and M. JOSEPHINE SMITH.

Editor's Note: Mrs. Brewster is the Chairman of the Nursing Section of the Cleveland Woman's Committee of the Council of National Defense. Miss Smith, our Managing Editor, has been in close co-operation with Mrs. Brewster since the incipency of the work.

At the beginning of June 1918 the Committee on Nursing of the Council of National Defense decided to select a suitable city and ask it to make an experiment in community nursing, with the idea of reducing the amount of unnecessary nursing care now being given in families employing private duty nurses, and at the same time to provide for all the nursing care really needed in the community. Because nursing organizations are well established in the State of Ohio, and Cleveland is especially experienced in experimental work and greatly interested in nursing problems, it was approached through the local Committee on Nursing and asked if it would be willing to undertake the working out of such a plan.

In response to this request the various nursing agencies in Cleveland, through their representatives on the Nursing Committee, decided to make a united effort to carry out the required experiment, through the medium of the Committee, to which several additional appointments were made in order that it might fully cover every branch of nursing in the city. The organizations represented on the Committee are as follows:

**ORGANIZATION.**

Division of Health,  
City of Cleveland.  
  
Board of Education,  
City of Cleveland.  
  
Visiting Nurse Association.

**ACTIVITY.**

Employs nurses for infant welfare, tuberculosis and communicable diseases.  
  
Medical inspection of Public Schools.  
  
General bedside care—not confined to the indigent, but extending to those able to pay for visiting nurse care. Also includes Supervised Attendant Service, and factory nursing.

Babies' Dispensary and Hospital.

Cares for sick babies.

Western Reserve University.	A district of the city reserved for special training of Public Health Nurses.
Central Committee on Public Health Nursing.	Agency for securing applications from Public Health Nurses, passing upon eligibility, distributing to employers and maintaining uniform standards.
Cleveland League of Nursing Education.	Covering all standardized hospitals and training schools.
Red Cross Nursing Committee.	All Red Cross activities.
Section on Nursing and Public Health, Council of National Defense.	Enrollment of students for training schools; registration and distribution of volunteers, action in conformity with policies laid down by Committee on Nursing, General Medical Board.
District No. 4 of the Ohio State Nurses' Association.	Represents private duty nursing in five counties.

The first endeavor of the Committee was to collect accurate information as to the unnecessary nursing by trained and registered nurses in the various fields, and to make plans for the installation of volunteer or paid service to supplement the work of the nurse in those directions which do not require professional skill. The investigations which were made covered every branch of nursing service, including hospitals, public health nursing in the districts, in the schools, and in the City Health centers, as well as nursing education and training. In gathering the data necessary for this experiment the investigators are learning definitely: (a) where excess trained nursing services are being demanded or permitted; (b) the sources of supply of trained nurses; (c) the number of trained nurses who are devoting all or only part of their time to nursing; (d) the number of partly trained nurses available; (e) and the number of volunteers who, under proper supervision, could do work it is not necessary to have done by a trained nurse. When this investigation is completed it will place in the hands of the Nurses' Committee information which will show exactly the conditions existing in every branch of the nursing service.

## CENTRAL COMMITTEE ON PUBLIC HEALTH NURSING

This Committee has heretofore placed graduate nurses only, in the public health nursing divisions. In order that no trained nurse shall use her time in work that does not require professional skill, it must supply attendants and workers other than nurses to do this type of work.

## THE BOARD OF EDUCATION, DIVISION OF SCHOOL INSPECTION

This Division employs 32 graduate nurses. This number has been reduced  $33\frac{1}{3}$  per cent owing to the needs of the Army and Navy. It is planned to meet this deficiency by using Junior Health Workers; the rules governing their service will be as follows:

**Rules Governing Junior Health Workers, Public Schools.**

Applicants to be college graduates or present credentials of equivalent education.

Applicants to take intensive course of instruction during period of probation.

The probation period to be one month.

Salary to be \$500 to \$600 for school year, beginning with probation period.

This is distinctly a war measure, and the plan has been outlined in co-operation with Section on Nursing, Council of National Defense.

Assistants to be recruited by Section on Nursing, Council of National Defence.

**League of Nursing Education.**

The league must make continued efforts to preserve the standards of training schools.

**Section on Nursing and Public Health.**

This Section must maintain constant supervision of nursing activities; must recruit student nurses; recruit, train, and place volunteers wherever needed in public health fields.

## THE USE OF NON-PROFESSIONAL ASSISTANTS

**1. In the Hospitals.**

After a most careful study of the hospital situation a report was presented to the Committee and approved as a working plan. The suggestions were sent to all hospitals conducting accredited training schools, and were as follows:



It has been found that there are several places in the hospital where the work of the nurse could be done by a person without special training. These places are:

(a) The Principal's Office. The Principal often has a nurse as a clerical assistant, whose duties are the keeping of records and the general management of the office. Such an assistant is desirable, but not essential. A capable woman possessing the right personality could easily be taught to fill such a position.

(b) The Hospital Wards. Many ward duties are being performed by nurses which are not necessary to their training, after having been learned. For example, the making of beds, care of beds, stands, ice boxes and cupboards, arranging of patients' flowers, feeding of patients, setting in order a private room after the discharge of a patient, etc. This work could easily be done by an attendant under proper supervision.

(c) Out Patient Department or Dispensary. There is much routine work connected with a dispensary, such as preparing medical cases and children for examination, assigning patients to rooms, and even clerical work, which could be executed by paid attendants or by volunteer workers.

(d) Gauze Room. It is customary in some hospitals to have all dressings made by nurses. Where gauze is washed and pulled this requires hours of work. Paid helpers can do this work quite as well as nurses.

## 2. In the Public Health Nursing Field.

The various branches of the Public Health Nursing service made a careful survey of their respective fields, in order to check up the minimum amount of work which must be done by the graduate nurses and the maximum amount of responsibility that could be expected from a supervised but unskilled force. As a result, a tentative outline of work which could be entrusted to the latter was drawn up, as follows:

- (1) Delivering of birth certificates in families already known to the nurses. New families to be called on by the nurse, as birth certificates are splendid introductions and also give the nurse a chance to give immediate need whenever necessary.
- (2) Milk modifications and calls on well babies. The nurse instructs the mothers (some of whom are very unintelligent) and expect them to do accurate work; it should be possible to teach a volunteer or paid assistant to appreciate the need for accuracy.
- (3) Calls on babies not returning to the Babies' Dispensary and Hospital at the time requested by the doctor to find out why mother did not return with baby, and present condition of baby.
- (4) Tuberculosis calls. On non-tuberculosis, exposed and suspicious cases, provided there is not now a positive pulmonary tuberculosis case in the family. Calls to notify patient of bed in hospital.
- (5) Removing placards. When placarded for minor contagious diseases—whooping-cough, mumps, etc.
- (6) Write up own calls.

- (7) Distribute reference cards (Prophylactic Dispensary and Prenatal cards), literature on Child Hygiene, etc.
- (a) Automobiles for six days a week for each Health Center and each county district. Volunteer motor service conserves the nurse's time and is easily secured. To give one example: A nurse in the Division of Health was able to make 31 educational visits in one day because she was taken on her rounds in a motor; the same nurse could make only ten visits if dependent on the street car.
- (b) Volunteers, paid or part paid aids to assist in clinics (Tuberculosis, Child Welfare, Prenatal and School) and field.
- (c) Part time stenographer for the county nurses.
- (d) Proficient stenographers for the office and health centers.

In order to accomplish results co-ordination of the various nursing agencies is necessary; the Committee is therefore working on a plan to bring together under one roof the offices of a number of the agencies whose activities affect the plan, the Committee on Nursing to act in the capacity of an Advisory Council. As the headquarters of the Health Division in the City Hall, and of the Medical Inspection of Public Schools in the Board of Education Building are situated not far from each other, it is hoped that the central building to house nursing activities may be in close proximity to these two Divisions.

As a result of the investigations which have already been made the Committee feels that, in order to make the community nursing plan effective, the following agencies must increase their capacity for service:

#### CENTRAL REGISTRY:

- (a) Private Duty Nursing
- (b) Houring Nursing Service.

These two divisions to be so regulated that the full time private duty nurse is only available for cases absolutely needing her care; all patients to be cared for, as far as possible, by the hourly service.

#### VISITING NURSE ASSOCIATION:

- (a) Pay Service.—Provides nursing care on a visit basis at a minimum charge of 75 cents an hour. Also preparation and service for minor operations and confinements at \$5.00 per case. Subsequent visits at regular rates.
- (b) Supervised Attendant Service.—The Visiting Nurse Association offers still another type of service. When illness in the home is of such a nature as to demand the presence of a resident attendant, and where the family either do not desire or cannot afford to have a graduate nurse, the Visiting Nurse Association furnishes a su-

pervised attendant. That is to say, the Association sends an attendant to take care of the sick person, and also sends a graduate nurse to make visits of supervision and to perform such services as the attendant's lack of training does not enable or qualify her to do.

This is also an excellent war time measure, as it enables the home to have constant service while it is needed and yet guarantees certain standards which can only be assured through the supervision of a graduate nurse.

Careful adaptation of nursing service to the needs of illness forms a sound basis for Community Nursing.

One Visiting Nurse can liberate four or five private duty nurses for military service.

The Visiting Nurse Association is already using volunteers for making supplies, taking inventory of various equipment, furnishing automobile service occasionally, and in one or two instances rendering physical care to patients who are handicapped but not seriously ill.

These outlines of a plan for Community Nursing which shall conserve in every possible way the skilled services of the nurses is as yet, of course, in an experimental and tentative stage. Some of the findings, however, will, it is hoped be of permanent value, not only as policies of conservation due to war conditions, but as permanent principles when the war emergency has passed away. At least those engaged in this community experiment are learning to co-operate to an extent which has never seemed possible before. This spirit of mutual confidence and helpfulness is of itself a gain which cannot be overestimated.

**THE VALUE OF TRAINING**

FRANCES PAYNE BOLTON.

With an ever increasing number of our men going overseas, the question that fills the minds and hearts of our women is, "How can I share? how can I serve?" As the casualty lists become daily longer, this question grows in intensity and takes on a more selfless tone: "They are giving their all unquestioningly, these men of ours—how can I too give to the uttermost?"

The first plans for selective draft turned men's minds away from considering modern war a problem of numbers only, and directed attention to the fact that this great Nation recognized that she had to deal with a foe whose every force was being used with fiendish cunning, and that she must from the first use every atom of her great strength to the Nth power. This attitude on the part of the Government raised all sorts of problems for the individual. It immediately made the men not included in the age restrictions, but whose first impulse was to step forward and say to Uncle Sam "Here I am, put me wherever you please, only let me fight!"—it made these men stop and take a personal accounting. They had to consider whether their enlistment would curtail the output of their plants, or slow up the production machinery of the country even in a very slight degree. If they felt their joining the fighting force would impede the wheels of manufacture they had to keep to their desks and their plows and try to double their output.

But the Government itself did more than this. It took stock of those within the proscribed age limits and listed them and, so far as possible, distributed them according to their trades and their professions. In other words it put its official stamp on the value of training and the need for the conservation and proper use of the trained individual. And it took measures to train large numbers of men, not only to be officers, but to take the humbler positions all down the line. Important is it to note that, in every phase of the training he gives, Uncle Sam teaches first and foremost the salutary lesson of discipline and obedience.

In trying to find an outlet for our patriotism and our desire for service, surely we women would do well to take stock of ourselves, both as a group and as individuals. What have we actually ready to offer that our Government wants? Patriotism? Courage? Heroism? Ah yes! but—!

The Government recognized its need for the trained man, and furnishes the various grades of training needed to make all the parts of the fighting machine run smoothly together. Surely there must be equal need of this trained service among the women, that the greatest possible efficiency of the whole may result. We cannot expect a man-made Government to evolve plans overnight to meet the thousand and one complicated problems that any wholesale effort to use the full power of the women of the land would involve. So we must do the best we can ourselves, trying to bear in mind those things that have appeared to be essential for our brother-workers against the Hun; discipline, obedience and training.

Many will say at once, "Discipline! woman's whole life is discipline!" Perhaps it is in a way but read into the word the meaning given it by the Government, and you will agree with me that outside the body of trained nurses there is no group of women who understand this meaning of the word. It has been demonstrated that martial victory is often 90% discipline. Are we not learning that that holds good even 3,000 miles behind the first line trench?

Every woman who has been in any way connected with the volunteer workers that have risen so splendidly to the need for hands and brains, knows that one woman or girl who conforms to the discipline of regular days and hours, and of absolute unquestioning obedience to orders, is worth at least half a dozen others who come and go and work at will. Is there a single woman who has served as head of a canteen, of a workroom, or of a Civilian Relief Committee that has not longed for the power to enforce discipline and obedience and orders? Much as she recognizes the splendid spirit shown on every hand, she also sees how unequal most of us are to this sudden demand upon us for qualities which are but just becoming recognized as essential. We are still trying to serve in our own way, rather than putting our necks into the yoke of discipline and of obedience to authority.

The Government takes its army and trains it, carefully and scientifically, from the lowest to the highest—graded training for graded responsibilities. How can we apply that to ourselves? What is the greatest responsibility placed upon the shoulders of the women today, aside from the imperative demand upon us for a future generation? Surely it is the care of the sick and wounded. That, therefore, should be where we should demand and be ready

to give the highest form of training. Think of what it means every hour of the day or night when your husband or your son is lying in hospital to be able to reassure yourself with the thought that trained eyes are watching for the little signal that may mean the turning point—that trained hands are ready to rebind the exquisitely painful wound. Could you feel the slightest reassurance if you knew that she, who was all that stood between him and death, had not the grounding in the work she had been set to do to recognize the danger flags? Could you feel the situation fair to her?

So we must see to it that our wounded shall be cared for by women who have had the hard grind of nursing training and know the fundamentals of the profession that stands first today among women; and that our young women be properly trained before they are thrown into positions where they must answer for life and death. But we must not fail to do as Uncle Sam does with our brothers: he conserves his specially trained men for the work they are best capable of doing. He doesn't let a private command a company until he has proved himself capable, learned his full duties and earned his shoulder strap. Nor does he form a company out of officers. He doesn't take any officer and put him in as radio-operator—he takes the especially trained man and uses him where he belongs. There are staff schools for the High Command and schools for the lower officers, and there are days and weeks and months of hideously monotonous drills and discipline for the rank and file, each bearing its own share in the ultimate success of the whole, all equally necessary.

Recognizing the necessity for skilled nursing care, how can we conserve the highly trained women now available that our men may in very truth receive the skilled care when they require it? We can supplement their work by that of those less highly trained, doing many, many things that the partially trained women and the students under proper discipline can do. But in supplementing we must not lose sight of our fundamental principles of need for discipline and training.

With rare foresightedness and wisdom the Secretary of War made possible the Army Training School for Nurses thereby establishing in Cantonment hospitals the graded service which conserves the highly trained person for positions of grave responsibility, and delegates to the student the duties which she must perform in learning the fundamentals of her profession. In this way the Army plans



to use to the very best advantage for the proper care of the men the highly trained woman, and the eager, patriotic girl who has seized this golden opportunity for training in the highest of professions.

The Army School was created at a psychological moment. The girl of Today recognized that Tomorrow will not be as today, and that the woman with a profession is the woman who will be ready for whatever that Tomorrow has in store. This intense craving which is evidenced in a thousand different ways on every hand, this desire to be among the trained, the capable, the prepared of the present and the coming era—is making itself more and more felt among the girls and young women. Fortunate the agencies that recognize this spirit of the times and open the doors of opportunity to these seekers after knowledge and efficiency! Great will be their reward!

There are, of course, many women who cannot break away from home duties of one kind and another and who must be satisfied with partial training, with halftime duty. There are others whose capabilities impose definite restrictions upon them. But for all there is work, and for all there is definite need of the training necessary to fit them for the work they are to do.

In an effort to bear its share of the burden of graded training for graded responsibilities and service, the Red Cross has many courses in all branches of its work that must be successfully passed through before a young woman can assume her "job." Courses for Civilian Relief, for Surgical Dressings, etc., etc., and for the Red Cross Nurses' Aid.

There has been so much controversy over the term "nurse's aid" that one wishes another more definite term might be found for these young women—that there might never be in this country the chance for the difficulties at present troubling the situation in England.

England was thrust so rudely into the need for countless hands to care for her sick that she had not time to formulate a plan whereby women should be trained while actually meeting the Army needs—and her V. A. D. with so much splendid energy leaped into the breach. Had some such plan as our Army Training School for Nurses been at hand, all those who are now crying out for professional recognition would have automatically entered the professional field, as affiliated courses would have given them all necessary fundamentals. The American plan gives to those young women who, did they live in England, would enter the V.



A. D., but here enter this military service as student nurses, what Miss McCarthy, Matron in Chief in France of Q. A. I. M. N. S. calls "one of the best recognized necessities in all sound professional education: *continuous discipline under competent teachers.*" And it further fills the need felt by the young woman of all countries for the recognition of services rendered, as well as the craving for sound, fundamental training.

As generally understood the Red Cross Aid is to have four weeks training in selected hospitals, and then is to serve with a trained nurse, supplementing the nurse's work wherever trained service isn't needed—so that the nurse's skill may be spread over more ground—and looking after the nurse's welfare and comfort.

Fortunate indeed is the Aid whose lot it is to serve a nurse, to watch over her and spare her every possible extra effort, to do the simple housewifely part of the nurse's work, compared to her sister Aid who is thrust unexpectedly into a terrible emergency of hideously inadequate facilities for an offensive, and has to assume the responsibilities of life and death with but a few weeks cramming, unsupplemented by experience. I shall never forget a letter I read from an Aid of 26 who had been night nurse in an improvised hospital with a hundred unspeakably wounded men in her ward. The agony she endured because of her inexperience was heart-breaking. Have we any right to make it possible for our young women to be thrust into such positions?

There is so much for the so-called "Aid" to do! Let me quote again from Miss McCarthy. "You cannot think what it means to a tired nurse coming down from an advanced dressing station or leaving work at a base hospital to rest, to know that some good-hearted V. A. D. will take an interest in her comfort, that her food will be cooked and served by sympathetic women and that she will have a clean and comfortable bedroom to rest in."

Let us conserve our highly trained women by holding up their tired arms, buoying up their weary spirits that their skill may be given to our men in their utmost need—and let us use the less highly trained in regular grades of service, as does our Government its Army, that we may not have our companies made up of officers, nor our privates in command.

Let us hold out that the desire to be of vital service presupposes a desire to take the preparatory training necessary for the service desired, and that the fundamentals of such training must be discipline and obedience to the recognition of authority.

PLAYLET FOR LITTLE MOTHERS' LEAGUES

BY MARY HART

The following "Playlet for Little Mothers' Leagues" is suggestive and the teacher may adapt it to meet any special need. At the opening of the scene, the whole class rise and repeat class pledge:

"I pledge to be a baby's friend  
and everybody tell,  
Clean air, clean clothing and  
clean food  
He needs to keep him well."

CHARACTERS

Mrs. Young-mother	Mrs. Redd
Mrs. Green	Mary
Mrs. Black	Jane

(Appropriate stage equipment)

(Mrs. Young-mother is arranging to give her baby a bath, when in comes a neighbor—Mrs. Green, with an infant in arms, dressed in old fashioned way, pacifier in mouth, red toy.)

Mrs. Green: Mornin' to yuh Mis' Young; jes run in on my way to git some vittles for me family."

Mrs. Young-mother (washing hands): "Glad to see you Mother Green. I am getting ready to bathe baby." (Runs after paper to swat a fly and places paper on chair and floor.) "Goodness, I do detest flies; nothing so dirty as a fly, and he carries such filth on his feet, coming right in from stables and out-houses."

Mrs. Green: "You ain't going to wash your baby *now* afore you get yer dishes done!"

Mrs. Young-mother: "You see, Mrs. Green, I always bathe baby about 9:30 o'clock, nurse her and put her on the piazza in the fresh air. I have my cooking to do and don't dare to keep baby in the hot kitchen. So I see that no sun or glare is in her eyes and put a net over her carriage and she'll sleep for three hours, until her next feeding. She won't bother me if I train her right."

(All of this time Mrs. Young-mother is getting Baby's clothes together, etc., and stops to talk in between the acts.)

Mrs. Green: "What yuh washing yuh elbow fuh?"

Mrs. Young-mother: (Dips elbow in water.) "I am just feeling to see if the water is not too hot—it might burn baby."

Mrs. Green: "Laws a mussy! Where did yuh learn sech teach-ins? I ain't got time to be awashing my chillins and stickin' my elbows in tubs."

Mrs. Young-mother: (Washes baby's face, eyes, nose, ears and head. Tells why she cleans them.) "You see, Mrs. Green, when I was a school-girl I belong to the Little Mothers' League, and my teacher was a Public Health Nurse and taught me how to raise healthy babies."

Mrs. Green: (Observing to herself) "She got all de close one pun top o'turra."

Mrs. Young: (Hears) "Yes, Mother Green, before starting to bathe baby I have everything by me so that I get them quicker and never have to get up."

Mrs. Green: (Taking up flannel slip.) "Yuh baby ain't got no waistline."

Mrs. Young: (Laughing) "Oh, yes—that's the new way baby slips are made; everything hangs from the shoulders. Dr. Knowall showed me the new way to put on a diaper so that there is no pressure on baby's stomach, and he said I could drop the flannel band when baby was three months old if the weather was mild. And never have the band too tight; it is bad for baby to have anything tight about her."

Mrs. Young: (Discards face-rag and gets clean one.)

Mrs. Green: "Two rags—pink and blue!"

Mrs. Young: "Pink for face and blue for body. We have our separate rags and towels, so baby has his."

(Undresses baby—wraps in towel or blanket; looks under her apron and says:

"Mother Green, I wear a rubber apron to save my clothes from getting wet. (Puts baby in tub—bathes, then takes out, drying.)

(Talks to baby) "I'm almost thru now baby, just your little nails to clean—tosies and fingers."

Mrs. Green: "I likes colors—yuh sope ain't smell" (Picks up powder and smells; then baby's rattle.) "My un likes a red rattle."

Mrs. Young: "I never use painted toys; I'm afraid the paint will come off. I use castile soap and very little talcum powder—just dry baby so well that she needs very little powder. Did you know that babies have tiny little holes in their skin? No?

Well, they have, and powder fills them up and it isn't good for the baby."

Mrs. Green: (Has her own sleeping baby hung over her arms. Gazing with mouth open, exclaims:) "Hind fo'-most!"

Mrs. Young: (Laughing; starts to dress baby.)

"This is the most comfortable and easiest way for baby to be dressed."

Mrs. Green: "I'se had 8 out of 10 chillins die on me, Mis' Young-mother. Perhaps I raise um rong. I sees yuh is a fine lady—Lemme go now and get me ol' man's vittles."

Mary (age 11) running in: "Mother, what do you think, Miss Hart told us it isn't good to rock or shake babies up, nor to kiss them on their lips or hands 'cause they put their hands in their mouth and catches germs that way. Why, I would like to eat up my little baby."

Mrs. Young: "Mary, run and get me a dry diaper and put this one in a pail of water. Cover it up, then wash your hands."  
(Mary proceeds to bring a diaper drying.)

Mrs. Young: "No, Mary, that's not clean—I said one that has not been soiled in any way."

Jane: (Comes in crying.) "Mother, will I get diphtheria? John grabbed my apple and bit it, and I saw him put Mary's pencil in his mouth. And Miss Hart told us all about the germs."  
(Looks anxious) "Mother, will I get *his* germs? I don't want to be sick."

Mrs. Young: (Tries to soothe Jane)) "Did Miss Hart tell you that all germs are not bad but that many are our friends?"

Mary: "Yes, Mother; she said some were shaped like fire-crackers and marbles and cork-screws—and she's going to drill us with tooth brushes to show us how to keep holes from getting in our teeth and giving us tooth-ache. And she showed us how to blow our noses.

(Bath is thru. Mrs. Young-mother ties handkerchief over mouth as she proceeds to nurse baby.) Tells why.

(A knock at door) Enter Mrs. Black, asking Mary if Mother is home.)

Mrs. Black: "Good morning, Mrs. Young-mother. Dr. says I must give baby bottle. Well, I ran in to ask you to tell me how to fix baby's milk."

Mrs. Young: "I am so sorry, Mrs. Black, you can't nurse your little boy—let me tell you never to give him condensed milk unless the Dr. tells you to do so, or any other Baby's food—they make fat, and that's all."

Mrs. Black: "Did you ever hear that a camel's milk is more like mother's milk than goat's?"

Mrs. Young: "Oh, yes—camel's and cow's milk. Isn't it sad to think that in Japan there are so few cows—that's why so many babies die."

Enter Mrs. Redd.

Mrs. Redd: "How'dye ladies; what's doing? How are the babies?"

Mrs. Black: "I came in to find out how to fix baby's milk."

Mrs. Redd: "Well, whatever you do, be sure to get milk from the CLEANEST dairy in town. Did you know that cows are examined like humans are for 'berkulosiis—or some such disease?"

Mrs. Black: "Yes, we have fine health laws." (Yawning) "If people would only realize that these laws are to protect us from getting sick—but so few think about it."

Mrs. Redd: "Be sure and boil and boil and scrub and scrub everything you are going to use to prepare baby's food—clean hands, clean tables, clean pans, clean bottles, clean EVERYTHING."

Mrs. Black: "I hear that there is a place in Boston so clean that you don't even boil the milk. The milkers are healthy and are examined for typhoid."

Mrs. Young: "Yes, so many diseases arise from milk—scarlet fever, tonsilitis, typhoid—ever heard of 'Typhoid Mary?'"

Mary: "Me, Mother?"

Mrs. Young (laughing): "No, Mary. You two girls run along and play."

Mrs. Redd: "Mrs. Black, after you put your milk and water and sugar in bottles—just enough feeding to last not over 24 hours—I'll come in and show you what to do next. Be sure to scrub your hands first—nails clean as clean can be too."

Mrs. Young: "That's work."

Mrs. Redd: "The easiest way is to boil a gallon of water in a kettle hard, then set aside for ten minutes; put bottles of milk

in, cotton stoppers, not too tightly corked, cover kettle and let stand one-half hour. Cool quickly and put on ice."

Mrs. Black: "Dr. says I must be sure to weigh baby to see how food agrees, so I must go now and buy some scales."

(Mary runs in)

Mary: "We have some—do let me show you how to weigh baby. Miss Hart showed me this way"—(shows how.) "Miss Hart said baby should gain from  $\frac{1}{4}$  to  $\frac{1}{2}$  a pound a week if the food is good."

Mrs. Black: "What else did she say, Mary?"

Mary: "If it didn't gain go to the doctor. She said don't worry as long as the baby gains on breast or modified milk."

(Jane hears and comes in.)

Jane: "She said, Mary, to scrub rubber nipples clean, boil them five minutes and handle them very little—never to put them in your mouth to taste either." (Gets bottle and shows how to test heat of milk. "And she said *never* use this kind of bottle." (Shows bottle with tube.)

Jane: "This is the way she said we could tell if milk was hot."

Mary: "Oh! And she said stand the cold milk in hot water to heat it; didn't she Jane? And she said babies cry 'cause they want water to drink—always boil water a baby drinks and cool it, and give it plenty."

Mary: "Mother, have I a birth certificate? I must have one."

Jane: "Why?"

Mary: "Silly, I want to go to Italy some day. I want them to know I am an *American*."

Mrs. Young: "Is that the only reason, Mary?"

Mary: "I know another too—if I had to work they would have to know my age; and I might inherit money and everybody would know I was your child." (Hands around Mother's neck.)

Mrs. Young: "Run along, girls, and play; we've had about all the teaching we can hold for one day."

Curtain.

**TOOTHBRUSH DRILL AND HANDKERCHIEF DRILL**

BY HELEN HARTLEY, R. N.

*Supervisor of Nurses, Iowa Tuberculosis Association*

Miss Hartley made this comment when sending the following drills: "I was wet with perspiration the first time I gave the handkerchief drill. But there was need of something to cut down the contagion in the school, so I improvised this, at first, but before I got through with the school, it had been given as a drill in all eight grades, and as a demonstration in the High School. Since that time there has been a demand for the demonstration in County Institutes, and it was warmly received at Cornell in the special hygiene class I taught last summer." The toothbrush drill is borrowed and adapted from some of the toothbrush companies and the rhymes were made up by one of the nurses on Miss Hartley's staff.

**TOOTHBRUSH DRILL**

1. Request each child to bring a clean handkerchief to school for the drill.

2. At the time appointed, talk about drills or exercises, or practice. Let the children name different kinds of drills they have known.

3. Handkerchief Drill or "Practice."

Let children tell for what the handkerchief should be used. Point out the need of correct use. When they say "To brush dust off, to wrap up cuts," etc., emphasize that use as an emergency or substitute for a clothes brush or bandage or wash cloth, etc., and bring out *real* use of handkerchief as:

1. Blow the nose.
2. Catch the sneeze.
3. Catch the cough.

4. *Use.* Teach them to give short, quick, forceful blows, and to cough in the same manner, to catch sneeze and to fold handkerchief neatly so they will not soil hands or pockets. Emphasize necessity of keeping handkerchiefs in handy pockets, not out in cloak room, and call for a sneeze quick when they are not expecting it.



5. With older grades, call attention to importance of not forcing air through the nose when "blowing the nose" causing sinus infections.

N. B. The leader should have an immaculate handkerchief for the demonstration.

BY EDITH S. COUNTRYMAN, R. N.

Kerchoo! Kerchoo!  
As you cough and sneeze  
A goblin goes dancing boldly;  
Let's muffle this thief, for others' relief  
And catch him at once in our 'kerchief.

Kerchoo! Kerchoo!  
Catch your cough,  
Catch your sneeze.  
The bold bad germs only spread disease.  
So with cotton or paper,  
We must grab them in time,  
Every one captured  
Saves you a dime.

Kerchoo! Kerchoo!  
'Tis a cold I fear.  
Oh! gracious, the sneeze and cough;  
I must take care and this burglar grab  
Before my playmates or other he nabs.  
Kerchoo! Kerchoo!

#### CATCH THAT SNEEZE

King of Imps called to all Imp Sneezes,  
"Let's ride away on the winter breezes  
Give a bad cold,  
To young and old  
And come home before they can seize us."

They sailed away according to rules,  
And spread broadcast with their ugly tools,  
Hard nose tickles,  
Bad throat prickles,  
And never failed to visit the schools.

But Teacher wise cried, "'Tis my belief  
That sneezes spread colds. Now for relief  
This is a rule  
For all in school—  
CATCH THAT SNEEZE  
IN YOUR HANDKERCHIEF."

### TOOTH BRUSH DRILL

- I. Request tooth brushes brought neatly wrapped in plain paper.
- II. Do not unwrap tooth brushes until after the preliminary story or talk is given.
- III. All children participating stand, and do not allow them to stand close enough to touch each other when arms are outstretched.
- IV. Pretend the left hand is holding the cup of water. Hold the tooth brush over the right shoulder with bristles up and pointed backward.
- V. Stand with the body bent slightly forward as it would be in real tooth brushing action.
- VI. (a) Brush the outside of the teeth with an up and down stroke—always from the gums to the edge of the tooth.  
(b) Brush the inside of the teeth with in-and-out motion with the brush at such an angle as to cover both the cutting surface and the inside of the tooth.
- VII. Order of drill:
  1. \*"Up stairs"—(outside)  
Bristles up—down stroke.  
1, 2, 3, 4, 5, 6, 7, 8, 9, 10.  
Dip! (dip the tooth brush into cup.)
  2. \*Down stairs--(outside)  
Bristles down—up stroke.  
1, 2, 3, 4, 5, 6, 7, 8, 9, 10.  
Dip!
  3. \*Inside.  
Upstairs—In-and-out stroke.  
Downstairs—In-and-out stroke.  
  
\*Take right side, left side and front in order. Notice that each child knows how to and does hold his tooth brush correctly. Teach quick motion rather than hard pressure in cleaning the teeth.

VIII. Be sure every brush is carefully wrapped until it is washed.

Sing a song of cleaning house  
With many pearly teeth ;  
Look above and then below,  
Our room is 'most complete.  
When the door is opened  
The pearls begin to say,  
"You see we're brushed both morn and night  
And free from all decay."

But, oh ! indeed it's sad my dears  
When carelessness they show,  
And you have lost the shining pearls  
All standing in a row.  
With a big sharp nose and a pointed cap,  
The goblin came when you took a nap,  
And bored big holes with his tiny toes,  
He loves to live where no tooth brush goes.

## WAR and the PUBLIC HEALTH NURSE

\* \* \* \* \*

### DISPENSARIES BEHIND THE FIRING LINE

The following vivid picture of the work of a traveling dispensary in France is taken from a Report of the American Fund for French Wounded.

The young chauffeuse helps the nurses out of the camionette where they have been sitting in the back on stiff benches. She carries in her strong arms the heavy trunk loaded with precious instruments and supplies. All the equipment came from Chicago with the personnel of the unit and is held more and more precious as it has become evident that it cannot be replaced here.

Two rooms in the factory have been put at the disposal of the unit and they have already assumed a certain air of efficiency. The squat round stove in the front room is burning merrily. There rough wooden benches fill rapidly with prospective patients. Where they all come from no one knows but the news that the Doctor has arrived seems to have flown. The manner in which their eyes follow her as she comes through the door shows the adoration in which they hold her. We follow into the inner room. A small gas stove is lighted and a great container of water set to boil. Sanitary pans of white enamel, cups filled with disinfecting solutions, cotton and gauze are laid out.

"Is the water boiling? All right, Madame, send in the baby." The Doctor turned from the nurse who was buttoning her surgical apron. I wondered if she were about to pop the baby into the boiling water. Instead she took the wee thing from its mother and laid it on the table. How it screamed as her skillful fingers removed layer after layer of swaddling cloth and the bandages applied on her last visit. To my novice eyes the sight revealed was terrible but the nurses crowded about to see and congratulate the mother on the marvelous improvement.

"You see these mothers put mustard plasters on these tender little things when they have colds and burn them badly. This is a third degree and still bad, but coming out nicely. There, maintenant, c'est fini," she soothed the baby tenderly as she applied fresh ointment.

The little French woman who had come all the way from Winnetka with the Doctor to share in this service for her beloved land was greeting the patients in the outer room. She could be heard laughingly encouraging the timid or vigorously scolding some careless child. The Doctor early made it known that only clean hands and faces would receive the pink candy lozenges or little bottles of tonic.

It is easy to tell the old patients. The way in which the small boys in black sateen smocks and little girls with tight braids, and little knitted shoulder capes line up for eye treatment is quite military. The Doctor turns each face to the light and administers the treatment with dispatch. The nurse deftly slips a bit of cotton on each eye as it screws itself shut

at the first sting. "Appuie, mon petit, appuie," and dirty little fingers are substituted for hers. Rather reluctantly the eye cases give up the bits of cotton and are shoved out of the room. They did so want to stay and watch Rene.

When the Doctor had said "Tirez la langue", to him he had not received the "Bon" of approval but had been set aside for a higher mark of her favor. The Doctor called Madame from the other room to explain in detail that there was a bad tooth, that it should come out and just why it was necessary. "Would he like the Doctor to pull it? Would he be brave and not cry? In this clinic nothing is ever done that might frighten or mislead. Rene consents. He, too, is an adventurer. The Doctor motions to the nurse who comes with towel and enamel pan. It is all over in a minute. Rene blinks and relaxes his tense little shoulders. "Bien, tres bien. You're a soldat, all right. Un brave soldat," commends the general of this clinic.

I peeped outside to see what was going on. Old grandmothers with seamy, wrinkled faces sat clicking their knitting needles. Mothers with small children pushed them away and joined in the gossip that was in full swing about the stove. The little girls shyly watched the nurse who came and went, choosing and carrying off her patients with a diplomacy they could not unravel. There, all the evidences of bad food and dirt, the inevitable consequences of conditions with which refugees are forced to contend, and the ills that flesh inherits from the combination, make up a day's record. While the nurses are undressing the babies, cutting hair, preparing salves for infected skin cases, the Doctor steps into the big room and closes the door behind her. This is her chance with mothers and grandmothers, also older sisters and eager children sitting before her. Impressively she calls their attention. "Madame, tell them all why children have sort spots, these 'bobos,' why they have worms, why they must care for their teeth." In rapid French Madame delivers a wholesome little lecture on simple hygiene. They sit and listen eagerly but their eyes are on that white aproned woman whose strong presence has brought a new hope into their lives.

A young girl brings in her first baby. It is as sweet and clean as one could wish. She proudly unwinds it and shows us the embroidered bib and the chain about its neck with a Jeanne d'Arc medal. "Our youngest baby. It was only thirteen days old when we first saw it. Poor little starved thing, it could not get the proper food, but now look." The Doctor proudly turns the plump, pink infant, over in her firm hands. The little chest and arms are the best answer to the question, *what has the Dispensary accomplished?*

Then comes fourteen-year-old Germaine with the five younger children a dying mother left her to look after while the father was off at war. They kick off their muddy sabots and stand in line while pulses are counted and eyelids examined. Six tongues come out at the word of command, teeth are looked over and the usual questions asked by the interpreter. "Nothing but bad food," grumbles the Doctor. "I wish I could bundle them all up and take the whole family to an Illinois farm." "Cafe?" she enquires. "Oui?" "No coffee, comprenez-vous? Cafe, non. Chocolat,

oui, mais cafe, non." A family bottle of tonic goes for them. They carry it off as though it were a prize and one imagines the pleasure with which the big sister will dose them all that night.

Then it is time to close. The morning hours have flown. There have been so many to record and examine as well as treat that the three nurses and Madame have had to call on the chauffeuse to help. We are late for lunch but the benefactress of the village has come in to pay her respects. She never misses a dispensary and her deep interest in her fellow town-folk is touching. She seeks to learn all she can of methods and efficiency and in turn she is a mountain of strength to the Doctor.

The next village is in the midst of activity both industrial and military. The clinic is held in the upper rooms of a house overlooking a trim little vegetable garden. The nearest building is a usine, the windows of which were practically all shattered in the last raid.

In the opposite direction the dispensary is held in a village that has been cruelly victimized by war. It is only 600 meters from the German first line trenches. When the Doctor and nurses go there they wear helmets and gas masks. They cross the bridge one by one so that the boches will not see them.

The Red Cross Tuberculosis Commission to Italy is taking with it ten Dispensary Trucks, made in Cleveland, also ten thousand nursing bottles for use in the baby hygiene campaign, one ton and a half of dried milk, sufficient medical supplies to equip twelve dispensaries, and a dozen motion picture machines.

The following description of the use to be made of the twelve traveling Dispensaries is interesting:

The trucks are equipped similar to the one in use by the City of Cleveland in the St. Tichon district this summer. The entire country of Italy will be divided into fourteen regions which these traveling dispensaries will traverse, under the direction of Dr. Richard A. Bolt, former chief of the child hygiene bureau in Cleveland.

From the unit's headquarters in Rome these trucks will be dispatched on schedule. Many one night stands are anticipated but conditions will determine the stay in every village. A physician, one or two Red Cross nurses and a writer, all members of the unit, will travel with each truck. Chauffeurs are to be recruited in Italy.

"Casualty clearing house stations" is the way Dr. Bolt characterizes the dispensaries on wheels. "We must rely on existing Italian organizations," he said, "to act as advance and follow-up agencies. Without their co-operation in advertising the coming of a truck and in seeing that instructions are carried out after its departure, our efforts would be fruitless."

### CONSTRUCTIVE HEALTH WORK IN JERUSALEM.

A recent issue of The London Times contained a most interesting article by W. T. Massey, on "Jerusalem's New Water Supply"; we quote a portion of this article as follows:

It is doubtful whether the population of any city within the zones of war has profited so much at the hands of the conqueror as that of Jerusalem. In a little more than half a year a wondrous change has been effected in the condition of the people.

One of the biggest blots on the Turkish government of the city was the total failure to provide an adequate water supply. What they could not, or would not, do in their rule of 400 years, his Majesty's Royal Engineers accomplished in a little more than two months. The picturesque water-carrier is passing into the limbo of forgotten things. The germs that infested his leathern water-bags will no longer endanger the lives of the citizens, and the deadly perils which lurk in cistern water have been to a large extent removed.

For its water Jerusalem used to rely mainly upon the winter rainfall to fill its cisterns. Practically every house has its underground reservoir. But many had fallen into disrepair, and most of them required thorough cleaning. To supplement the cistern supply the Mosque of Omar reservoir halved with Bethlehem the water which flowed from near Solomon's Pool down an aqueduct constructed by Roman engineers under Herod before the Saviour was born. This was not nearly sufficient, nor was it so constant a supply as that provided by our Army engineers. They went farther afield. They found a group of springheads in an absolutely clean gathering ground on the hills yielding some 14,000 gallons an hour, and this water, which was running to waste, is lifted to the top of a hill, from which it flows by gravity through a long pipe line into Jerusalem. Supplies run direct to the hospitals, and at stand-pipes all over the city, the inhabitants take as much as they desire. The water consumption of the people has become 10 times what it was last year.

The scheme does not stop at putting up stand-pipes for those who will fetch the water. The water level of the cisterns is low, and as they are getting emptied, the authorities arrange for refilling them on the one condition that they are first thoroughly cleaned out and put in order. A householder has merely to apply to the Military Governor for water, and a sanitary officer inspects the cistern, orders it to be cleaned and sees that it is done, the department of public health grants a certificate that the cistern is clean, and the engineers run a pipe to it, and it is filled no matter what the capacity may be. Two cisterns were recently replenished with between 60,000 and 70,000 gallons of water from the hills.

A medical authority tells me the health of the community is wonderfully good, and there is no suspicion of cholera, outbreaks of which were frequent under the Turkish regime. Government hospitals are established in all large centers, and frequent medical treatment is given to the indigent. Many thousands of natives in the past few months have come forward of their own free will to be vaccinated. Typhus and relapsing fever, both lice-borne diseases, used to claim many victims, but the figures are falling very rapidly, due largely, no doubt, to the full use to which disinfecting plants are put in all areas in occupied territory.

In Jerusalem an infants' welfare bureau has been instituted, where mothers are seen before and after childbirth, infants' clinics are being es-



tablished, a body of health visitors is in process of formation, and a kitchen is about to be opened to provide food for babies and the poor. The nurses are mainly local subjects, who have to undergo a thorough training, and there is no one here who does not confidently predict a rapid fall in the infant mortality rate.

The spadework was all done by the medical staff of the Occupied Enemy Territory Administration. Some voluntary societies are now assisting, and the enthusiasm of the American Red Cross units, which have recently arrived with an admirable equipment, will enable all to carry on a great and beneficent work.

### THE JAPANESE RED CROSS

In connection with the visit of a Japanese Red Cross Mission which has been studying and assisting the work of similar organizations in Europe, *The London Times* recently published an account of the Japanese Red Cross, from which the following is an extract:

The Red Cross Society of Japan was, until the present war, the largest of any nationality in the world. It included, at the end of last year, 1,798,835 members. Its annual revenue and expenditure amount to about 600,000 pounds, and it has accumulated funds and property of the value of nearly 3,700,000 pounds. Its staff includes 186 surgeons, 3,960 fully trained female, and 1,001 male nurses. It maintains a great hospital in the capital and others in the provinces. It has rendered the highest services in all the modern wars of Japan—with China, in the Boxer outbreak, and with Russia—and its work of relief and charity in peace time has been commensurate with its war services. In this war it has for the first time extended its activities to Europe. It has already sent three nursing corps to the Allies and given substantial gifts of medical appliances.

The progress of the Society from its foundation is symbolic of that of the Empire which, starting in 1871 in insignificance and impotency, is now one of the great military and commercial Powers of the world. In old days, in wars in Japan, the wounded were uncared for on the field, and it was not the custom to show mercy to the wounded of the enemy, who were either killed or committed suicide. It was an Irish doctor who, in the final stages of the Revolutionary War, first taught the Japanese to spare fallen foes, and the fruit of his teaching was witnessed in the Satsuma rebellion in 1877, when the *Haluaissha*, or "Society of Universal Love," was instituted for the care of the wounded on both sides. This society, which numbered 38 persons, with funds of a few hundred pounds, sent a small medical corps to the front, by whom a temporary hospital on a very humble scale was organized. From this small beginning the great Red Cross Society gradually developed.

### HEALTH CONDITIONS OF ENGLISH SCHOOL CHILDREN

The report of the London (England) County Council Medical Officer of Health and School Medical Officer for the year 1917,

is especially interesting in view of war conditions. Extracts from a summary of the report which appeared in a recent Educational Supplement of the London Times, follow:

The education section of the report shows that there were only two serious interferences with the children's health in London during 1917 directly attributable to war conditions—a notable increase in the prevalence of scabies and less satisfactory results as regards treatment of ailments due to falling off of facilities at certain hospitals and to increased difficulty of "following up" cases through the absence of mothers and lack of voluntary workers. In the latter part of the year arrangements were made for nurses to render further assistance in home visiting, and in a few selected schools, in which the need was most urgent, nurses were made responsible for the medical following-up work.

The facilities provided by the Council for the medical and dental treatment of school children have been considerably increased during the year, five new centers being opened and the provision at many of the existing centers being extended. The number of children who received treatment under the Council's arrangements was 122,765, as compared with 111,456 in 1916. Authority has been given for schemes which will provide treatment for some 164,500 children annually.

It was found that in the case of defects requiring treatment 36.9 per cent of the cases had received treatment within six months, a falling off compared with 1916, when the figure was 41.7; 15.2 per cent of the cases were deemed to be no longer in need of treatment, and in 47.9 per cent treatment was still required. The delay in obtaining treatment is to be attributed partly to the engagement of care committee workers in other directions, partly to the decreased facilities at hospitals not included in the Council's arrangements, and in some degree to the employment of mothers on war work.

At six centers arrangements have been made under which the same premises are used for the purposes of school treatment centers and infant welfare centers, to the mutual benefit of the Council and the authorities of the infant welfare centers. Further schemes of co-operation are under consideration.

The progressive reduction in the number of the children with poor nutrition has been maintained, the figures in this respect being better for 1917 than 1916, and less than half the pre-war figures. On the other hand, as a result of the voluntary rationing schemes the percentage of children of good nutrition as opposed to fair nutrition only has shown diminution.

With respect to reinspection of ailing children it was found that treatment had been commenced, or condition otherwise satisfactorily dealt with, in the case of 45.3 per cent of the children reinspected for the first time during the year, and in 49.1 of those who had not been satisfactorily dealt with at the time of their first reinspection in 1916 or 1917, so that on the results of the year 67.6 of the children requiring treatment were eventually receiving it, or otherwise being satisfactorily dealt with. The corresponding figure for 1914 was 75 per cent.

### WELFARE WORK AS AN AID TO INDUSTRIAL EFFICIENCY

The belief of experts on the subject as to the actual increase in efficiency brought about by well considered welfare work appears from the report of a committee appointed by the District Council of Defense to investigate the matter. On April 20, 1918, this committee made its report to the chairman of the council in the form of a resolution, as follows:

Whereas there is assembled in Washington for war work the greatest force of office workers ever engaged in America upon any single enterprise;

Whereas the outcome of the war and all that it means for the future depends in no small degree upon the efficiency of this force; and

Whereas the Government should in dealing with this force use all the means proved out by private employers for promoting its efficiency, we wish to direct attention to certain methods for securing efficiency in private industry which should be utilized by the Government to a greater extent than has yet been done.

For the sake of economy and maximum results, this work should be organized centrally for the whole Government. But until this is possible, we feel that each department should itself develop the work to the fullest extent. It should:

1. Secure the services of a doctor or doctors to give free examinations advice and emergency treatment. This would in no way interfere with regular medical practice. In calling attention to physical conditions of Government employes needing correction, it would tend if anything to increase the work of the medical profession.

2. Provide rest rooms in all work places where women are employed, with a nurse in attendance wherever more than 250 are employed. For smaller rest rooms, nurses should be assigned for certain hours during the day. Private employers in nearly every State in the Union are required by law to provide rest rooms for women. It would seem that the Government should do at least as well.

3. Provide visiting nurse service to assist employes absent on account of sickness to early recovery and return to work. The need for this is especially great in Washington at present, with thousands of young women away from home, living in boarding houses, with no one to fall back on in case of sickness.

4. Provide trained persons—call them welfare workers or what you like—to give constant attention to the maintenance of proper working conditions and morale among the working force.

5. Provide lunch rooms where employes can get wholesome food at reasonable rates.

6. Take a practical interest in securing wholesome recreational opportunities for employes. This is especially important in Washington at

present, with thousands of war workers living in boarding houses, where they lack the normal social life of the home.

We urge this program with the conviction that what makes for efficiency in the Government, and we know that the things we here urge have been proved by the greatest business concerns of the country to be sound business policy.

### QUESTIONS AND ANSWERS REGARDING WORK IN THE ZONES

1. In what way does the Red Cross Public Service differ from the U. S. Public Health Service? In entering either service, what is the possibility of European Public Health Service?

*Ans.* All nurses working in Extra Cantonment Zones under the direction of the U. S. Public Health Service are from now on to be obtained through the American Red Cross. A nurse detailed for Extra Cantonment Zone Service is directly under the direction of the Medical Officer of the U. S. Public Health Service in charge of the Zone.

2. If a Red Cross nurse applies for Red Cross Public Health work, can she be transferred to U. S. Public Health Service and does she become subject to the rules of army nurses?

*Ans.* Being transferred for European Public Health Service, depends entirely upon the needs and the fitness of each individual nurse and is left to the judgment of the American Red Cross Public Health Nursing Bureau and the recommendations of the U. S. Public Health Service. The Public Health Nurse in applying for Red Cross Public Health work either in or out of the Zones, should send her application to the Bureau of Public Health Nursing, American Red Cross. It is possible for a Red Cross nurse to be transferred to the U. S. Public Health Service. Unless she is transferred from Public Health Nursing to Base Hospital work, she is not subject to the rules of army nurses.

3. If a nurse is called by the Red Cross for Cantonment Hospital service, is it at all possible that she will be transferred from that service to Extra-Cantonment zone work?

*Ans.* If a Public Health Nurse is on duty in a Base Hospital and wishes to be transferred from that service to Extra Cantonment Service, it can be done at the request of the nurse herself, although it may take some time to make the transfer. If a nurse is going in for Military Service, it would seem well for her to make her application directly to the Bureau of Public Health Nursing, and let it place her where she is most needed.

## NOTES FROM THE FIELD

## WORRYING

The following incident which took place in Los Angeles, is full of suggestion:

Not long ago a grandmother who had been watching a nurse give a demonstration on the preparation of food came to her asking for advice as to what to give a month-old baby who was not getting enough milk from her mother's breast to satisfy. During the interview the nurse asked if the mother were worrying and if that were causing the milk supply to be depleted. To which the grandmother replied, "She says not, but three men from our family have gone to war." This incident seems full of suggestion for our immediate need.

## CARE OF INFANTS AND CHILDREN

The following excerpts from an address given by J. H. Larson at the eighth Annual Meeting of the American Association for the Study and Prevention of Infant Mortality and just published in the Report of that organization is of especial interest as showing what other countries, not at war, are doing to save their babies.

Among the so-called progressive nations of the world, the United States ranks 14th in its annual loss of mothers from causes due to pregnancy and confinement. This fact is rather disconcerting when it is pointed out that the total number of nations included in this group is only 16. The maternal death rate per 100,000 of the general population ranges from the maximum of 19.6 for Spain (U. S., 14.9), down to 6.0 for Sweden. In order to help formulate an intelligent program for preventing unnecessary loss of maternal life in this country, it may be well to inquire why it is that our maternal mortality is two and one-half times that of the lowest country on the list. What are the fundamental steps in maternal conservation which are recognized and practiced in Sweden and obviously unrecognized, and certainly neglected, in the United States?

In the first place, Sweden is thorough in her morbidity and mortality bookkeeping. Her vital statistics—that most effective yard-stick by which to measure a nation's health and general well-being—is the oldest of any country, so it may well be that at some time in the past the statistical evidence pointed an accusing finger at her health officials and demanded that action be taken to conserve the precious lives of mothers and babies. The morale of the physicians is high and instruments are not used in delivery except as a last resort in abnormal cases.

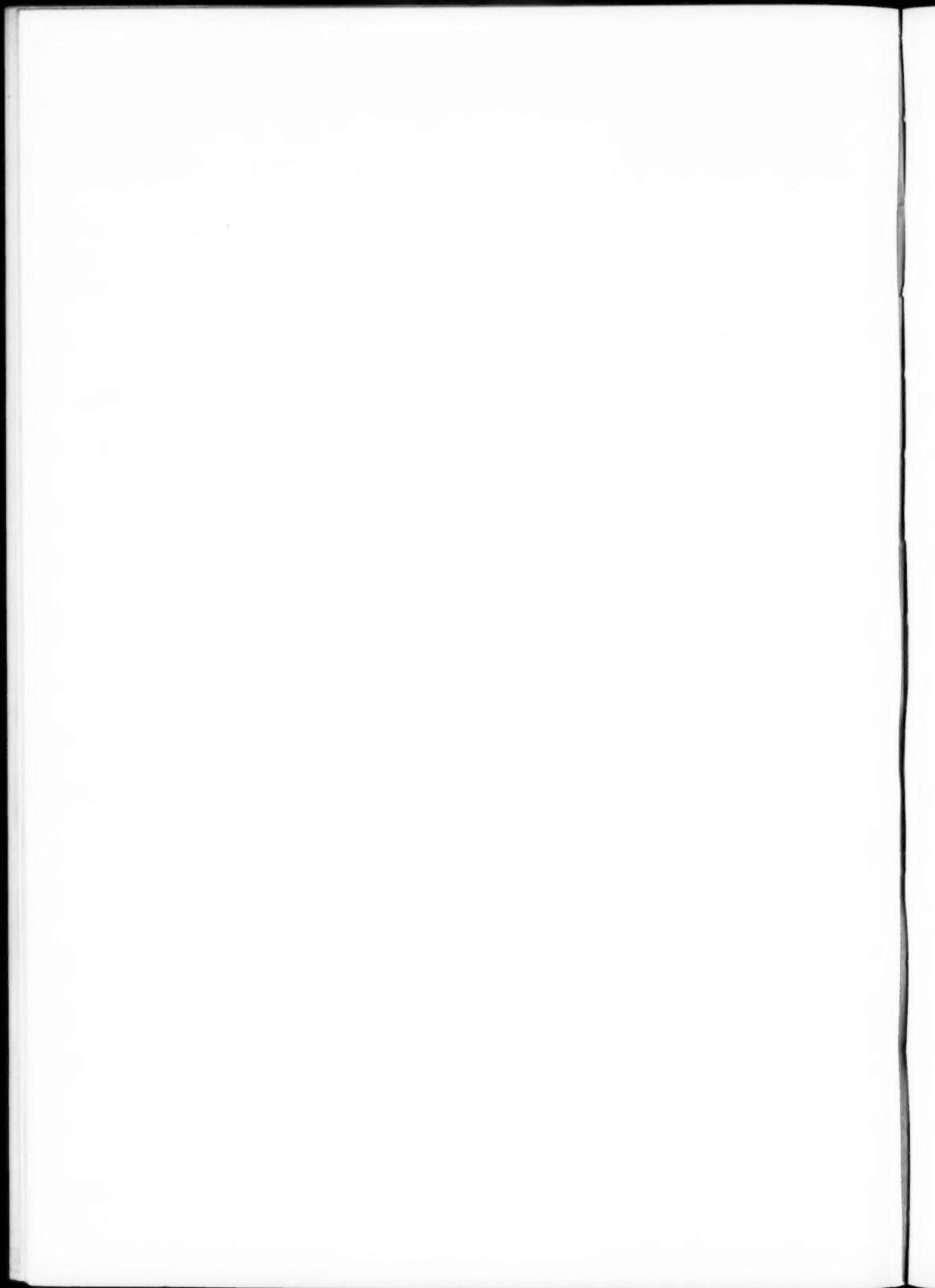
All midwives must be high school graduates and receive a thorough training in obstetrics extending over a period of two to three years. After obtaining their licenses, they are re-examined periodically and cannot continue to practice unless they pass these re-examinations.

That this training of the doctors and midwives is thorough in practice as well as in theory is borne out by the statistical evidence. According to maternal mortality tabulations by Dr. Meigs of the Federal Children's Bureau,



TEACHING THE MOTHER TO KEEP HER BABIES OUTDOORS.

"There is no doubt of the fact that the cause of better care for mothers and babies in rural communities is identical with the cause of more and better public health nursing in the country."—Dr. Grace Meigs.





the Swedish maternal death rate from childbed fever (infection caused by carelessness on the part of physician or midwife attending the confinement) was also the lowest of the 16 countries enumerated. It is considered a grave reflection for any doctor or midwife to have a case of childbed fever in his or her practice and this disgrace is keenly felt.

Every county has its own doctors and midwives paid by the Government to care for all poor mothers during pregnancy and confinement.

Punishment is very severe for the conviction of the crime of inducing abortion.

Expectant mothers are registered and given prenatal instruction and care by the doctors and midwives.

Expectant mothers must stop work two weeks before confinement and are not permitted to start work again until six weeks after confinement.

This, in extreme brevity, sets forth the steps of precaution taken by the profession and officials in Sweden—and that, by implication, at least, are neglected here.

The need for better supervision of the health of children of pre-school age has been often discussed in these pages. For the accomplishment of this the following recommendations have been made by the Committee of Pediatrics of the Association for the Prevention of Infant Mortality:

1. That as far as possible (to meet the immediate need) the work of the infant welfare stations be extended to cover this period of life.

2. That local child welfare societies, hospitals and medical schools be urged to establish especial departments for the care of children of from two to six years.

We are glad to note that Cincinnati has taken heed of the suggestions and in her Social Unit Health Center has established a service for children from 2 to 5 years of age which provides a careful examination of every child, and, for those requiring it, continued observation.

Dr. Lawrence T. Royster of Norfolk, Virginia, speaking on the same subject, says:

It seems quite strange that during these developments [for Infant Welfare] no provision has been made for, and little thought given to that period of a child's life from infancy to its entrance into school. This has been called "the pre-school age." It is in many respects the most important period of growth and development, and yet so little attention has been paid to it that it has been aptly termed "the neglected age."

I do not wish to underestimate the importance of any period of child life, but a moment's reflection will show us that in the broadest sense the period from infancy to the time of entrance into school is the most deserving of our consideration, from the point of view of future citizenship. As the first three years in school are considered the "formative years" of school life, so these years, from one to six, may be considered the "formative years of life itself."

## CO-OPERATION

Recently a nurse about to start out on her travels through several different States, wanted to look up some public health nursing en route. Letters to about thirty people in the States of Tennessee, Kansas, Iowa, Nebraska and Missouri brought out some very useful information, as well as most cordial and hospitable invitations to make stop-overs in their towns. Her trip covered two of the warmest, most difficult months of the year, but in every town where she had been preceded by a letter she was made so welcome that much of the physical discomfort of traveling was entirely forgotten. Few nurses realize how much can be gleaned from a few hours' stop-over in large or small cities where public health nursing is established. The nurse in the field almost always has something good to contribute to the work of the visitor, and the nurse stopping over must have a good deal to give her sister or she would not be interested enough to stop. Books, pamphlets and letters are all very well but there is nothing like personal contact and conferences to make us feel the significance and the possibilities of our field work, consequently we commend this method of post-graduating in public health nursing to every nurse who takes a vacation this summer.

## THE COUNTY NURSE

The valuable service that the County Nurse can perform for a community is well illustrated by a recent occurrence at Jeffris, Lincoln County, Wisconsin.

A rumor of a case of diphtheria was the cause of an investigation by Miss Mead. With the necessary promptness and energy, driving nearly seventy miles in her Ford she ascertained that the diagnosis was positive and secured the services of a State Deputy Health Officer to assist in the taking of swabs. Throat and nose cultures were made from all pupils, from the teachers, and the families most likely to be affected with the disease. The swabs were sent to the State Co-operative Laboratory and in fifteen cases they were positive or suspicious. One additional case was positively diagnosed that day. Steps were taken to isolate the ones affected and no doubt a serious epidemic was prevented.

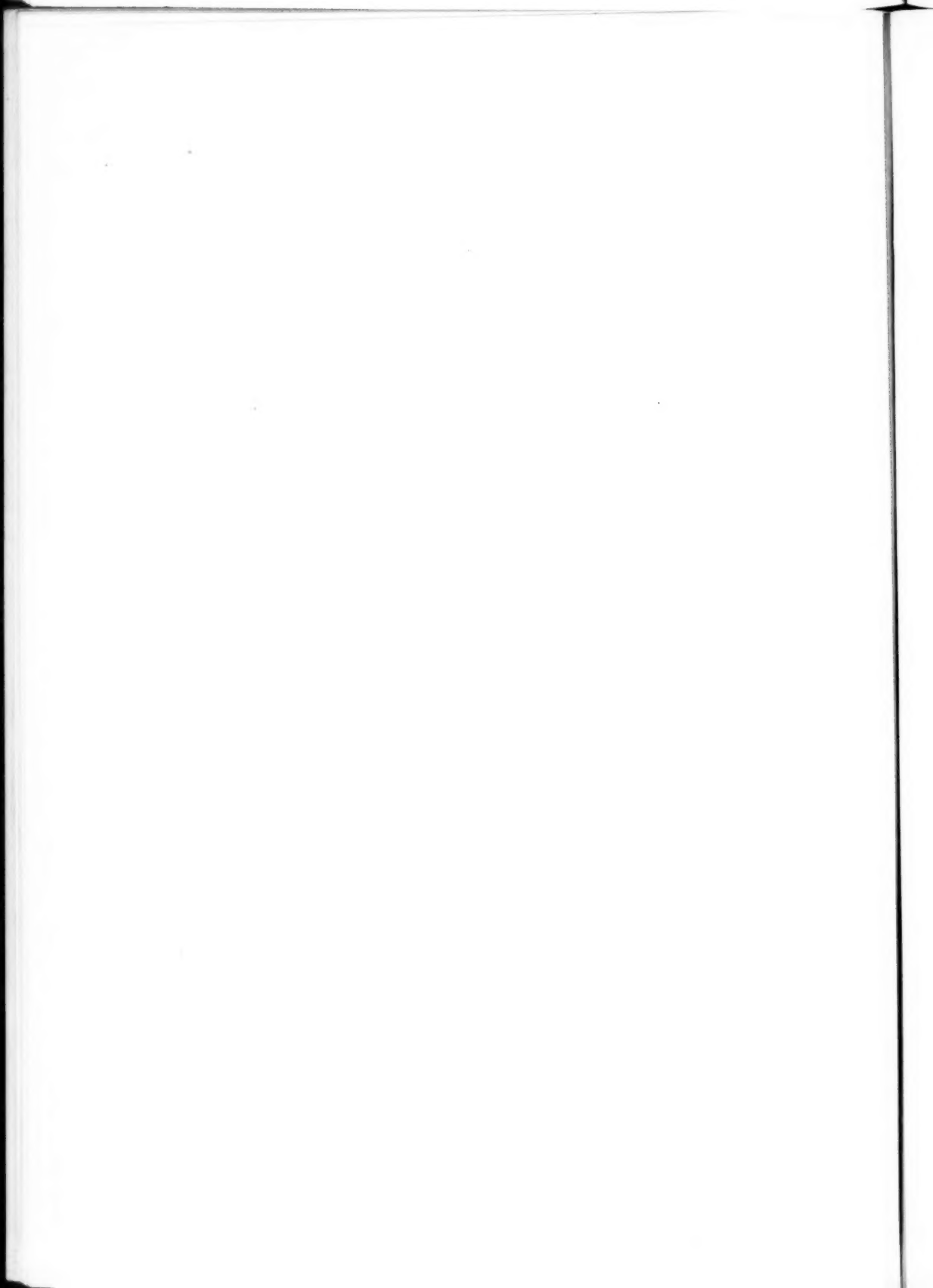
In another instance an adult suffering with scarlet fever was in a home from which pupils were attending a rural school and High School and Business College in the city, all going home



LINCOLN COUNTY NURSE INVESTIGATES DIPHTHERIA OUTBREAK IN  
THE "RED ROW" AT JEFFRIS, WIS.



THE ROADS ARE NOT ALL PAVED. BUT THE COUNTY NURSE DOES  
NOT MIND THE MUD.



every night. After an investigation Miss Mead took steps to have quarantine rules enforced. One other case developed in the family but the schools were free from it.

#### RED CROSS SEALS

As most anti-tuberculosis workers have already heard, there is a likelihood that a radical change in the methods of the Christmas campaign will be adopted this year. It has been agreed by the American Red Cross and the National Tuberculosis Association that there will be no Red Cross Seal sale this year—a new arrangement of co-operation now being under consideration, which will in all probability be in effect for the duration of the war.

Every Red Cross Seal committee and agent, who helped last year to make the Seal sale in Ohio a success, is to have a very definite and important part to play in the plan which is now being worked out. Instead of selling seals, it is proposed that we direct our energies to the Red Cross Christmas membership drive. The Red Cross Seal will be a distinctive feature of this drive and seals, together with educational literature on tuberculosis will be furnished to every member obtained during the campaign.

Under the new plan the tuberculosis work of the country will be financed by an appropriation by the War Council of the American Red Cross, and it is believed that the tuberculosis work will be greatly benefited by this arrangement. This is distinctly a war measure and is not to be understood at this time as being in any way a permanent arrangement.

#### MISS LENT AT VASSAR

The following excerpts from the "Thermometer," a weekly paper published by the Nurses in training at Vassar College, shows the great interest aroused by Miss Lent's address in August.

On Friday night the camp was distinctly thrilled by the address of Mary E. Lent, from the Bureau of Public Health Service in Washington. . . . She described the extraordinary work that has been done in protecting the soldiers and promoting the health of the cities and towns in the cantonment zones and the part played by the Public Health Nurse in this work. . . .

After the lecture Miss Lent found that she was in for another—such a crowd remained to talk to her that she was obliged to mount a chair so that everyone might hear her, and this informal talk, in which she answered questions covering the whole field of public health nursing in this and foreign countries proved even more interesting than the first.

## OCCASIONAL TUBERCULOSIS CLINICS

The tuberculosis committees of Columbia, Saratoga and Washington Counties are enthusiastically taking up the "occasional tuberculosis clinic" plan recently initiated in Westchester County, and physicians, nurses and members of tuberculosis committees are arranging a series in each county of such clinics where examinations for tuberculosis may be made by specialists in the medical profession.

While the hospital bed provision in New York State is constantly increasing, it is yet far from adequate to meet the need. The recent draft examinations have disclosed many thousands of heretofore unknown cases of tuberculosis while hundreds of new cases have been returned from camps and training stations. With this increased number of new cases, together with the threatened increases of the disease throughout the entire population of the State as a result of want and privation under war conditions, the need becomes urgent for some immediate means of securing expert diagnosis, examination, advice and treatment. The occasional clinic offers just this help. Each case is examined by a specialist and the report of his condition is made to his family physician, if he has one. If he has no physician he is instructed to take care of himself, is advised how to prevent the spread of his disease to others with whom he may come in contact, and is kept in touch with by the Public Health Nurse who advises him when the next clinic will be held, so that he may present himself for further examination and care.

## NOTES

The National Society for the Promotion of Occupational Therapy held its second annual meeting in New York, September 2-4, 1918.

Miss Crandall was one of the speakers at the closing exercises of the Vassar Training Camp.

At a recent meeting of the Executive Committee of the National Organization, it was decided that members who were serving in France would have their dues remitted during their foreign service, and that The Public Health Nurse would be sent them free of charge if they would keep us advised of their mailing address.

The Endicott Johnson Company, a large manufacturing concern in New York State have established a Child Welfare Station.

## ACTIVITIES OF THE NATIONAL ORGANIZATION

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### WAR PROGRAM COMMITTEE

It will interest members of The National Organization to know in general what has been accomplished during the past few months by the War Program Committee.

It is difficult to count definitely the results of our work. Of general results, however, shown by the vigorous and active representatives who are working in various States and by the aroused interest in public health nursing all over the country, a great deal can be told. It would be a pleasure if the War Program Committee could consider that the great increase in interest in this branch of nursing were only due to the work of the representatives. There have been many other forces at work. The United States Public Health Service's nursing has become more powerful and more efficiently organized under Miss Lent's directions. The Red Cross Bureau of Town and Country Nursing, under Miss Gardner's direction, has grown into a full sized Bureau of Public Health Nursing of which the Town and Country Nursing is only a branch, and the foreign service in public health nursing is becoming more and more important.

In the States and the District of Columbia our representatives have gotten well under way in their publicity work. Twenty-three States are well organized and working actively; eighteen States have representatives who are working without the whole State being organized. This is due in great part to the fact that there is in these States so little knowledge of Public Health Nursing and so few Public Health Nurses, that it is a pioneer field, with few persons who know enough of the subject to be of much help. Eight states are doing little or no work.

Our church publicity by which a letter was sent to every church in the whole country was followed up in many of the States by our representatives, so that groups of church people were seen and addressed on the subject of public health nursing. In addition to this fifteen different church papers published notices. In all, we must have reached more or less effectively with our message some 40,000,000 persons. This church publicity was made extremely effective on account of the hearty co-operation of



the Federal Council of Churches in Christ, the National Catholic War Council and the Jewish Welfare Board, U. S. Army and Navy.

We have had opportunities to put articles in four different newspapers and six periodicals, where they were published with illustrations. The Committee on Public Information disseminated throughout the country an article which, although not written by a Public Health Nurse, nor even by a person understanding Public Health Nursing, still gave a widespread publicity to the Organization and the subject.

That the appeal to protect the health of the civil population by increasing the supply of Public Health Nurses has reached many parts of the country and aroused them to increased vigor, cannot be doubted when one sees the flood of mail inquiring about the courses in public health nursing and the qualifications needed by persons taking up this work. It is a time when every one of us realizes that we must continue our efforts with unflagging zeal. We know what benefits Public Health Nursing can bestow upon a community. It is for each of us who thoroughly understand to help others to understand and to provide the material that can carry out these ideas.

We have been able to send a small exhibit of photographs and literature to the University of Montana. We are still lacking a really satisfactory picture showing the school nurse or the industrial nurse at work. Are there any of our members who can supply us with some?

Our list of State Representatives has the most able women in the States; women who are public spirited, with a vision that sees far beyond the work of the moment. With such workers organizing the States throughout the country and with a work before us which fills us with the greatest enthusiasm, it seems inevitable that we shall make great strides in the next few years in establishing our work as it has never been established before. The War Program Committee hopes that each member of the Organization will realize that, what is the Committee's task is their task, and that no work can be accomplished without the help of each one. It is only by building up in the small communities and each section of the country a thorough understanding of Public Health Nursing, that we can hope to establish that firm foundation of future helpfulness which is the key-note of our work in the establishment of health and the prevention of disease.

## LIST OF STATE REPRESENTATIVES

	NURSE REPRESENTATIVES.	NON-PROFESSIONAL REP.
Alabama	Linna A. Denny, Public Health Service, County Court House, Anniston, Ala.	Mrs. E. A. Polk, Anniston, Ala.
Arizona	Jean C. Fraser, Jerome, Arizona.	
Arkansas		Mrs. C. W. Garrison, 1109 Boyle Bldg., Little Rock, Ark.
California, North.	Eleanor Stockton, Dept. of Health, San Francisco.	Alice W. Griffith, 2820 Pacific Ave., San Francisco.
California, South.	Agnes Talcott, Health Dept., 1801 Flower St., Los Angeles.	
Colorado	Olive Chapman, 123 N. Nevada Ave., Colorado Springs.	
Connecticut	Margaret Stack, Room 66, State Capitol, Hartford, Conn.	Mrs. E. D. Smith, Shippan Point, Stamford.
Delaware	Marie T. Lockwood, 602 West Street, Wilmington, Del.	Mrs. Jos. Bancroft, 913 Delaware Ave., Wilmington, Del.
Dist. of Columbia	Estelle L. Wheeler, 1333 G. St., N. W. Washington, D. C.	Mrs. Whitman Cross, 2138 Bancroft Place, Washington, D. C.
Florida		
Georgia	Jane Van De Vrede, 424 Healy Bldg., Atlanta.	
Idaho	Mrs. R. H. Hunter, Pocatello Public Schools, Pocatello, Idaho.	Mrs. J. M. Taylor, 1112 Bannock St., Boise.
Illinois	Vera B. Warner 4517 Oakenwald Ave., Chicago.	Mrs. Alice H. Wood, Chr. C. W. Dept. Woman's Com., C. of D. Chicago.
Indiana	Ida J. McCaslin, 7 Alhambra Bldg., Shelbyville.	
Iowa	Maud Reeder, 571 West 4th St., Dubuque.	Mrs. R. W. McCreery, 704 West Main St., Marshalltown.

	NURSE REPRESENTATIVES.	NON-PROFESSIONAL REP.
Kansas	Kate Williams, Hutchinson.	Mrs. Olive Hastings, Atchison.
Kentucky	Helen Bell Lupton, 215 E. Walnut St., Louisville.	Mrs. J. L. Stunston, Mayfield.
Louisiana	Mrs. Ned S. Cohen, 2237 Peters Ave., New Orleans.	Miss M. L. Railey, 544 Maison Blanche Bldg. Annex, New Orleans.
Maine	Madeline C. Mosher, Lincoln.	
Maryland	Miss M. E. Walker, 1123 Madison Ave., Baltimore.	Mrs. F. J. LeMoyne, Station L, Baltimore.
Massachusetts	Bernice Billings, State House, Boston.	Gertrude W. Peabody, 13 Kirkland St., Cambridge.
Michigan	Ada Coleman, Fourth Nat'l Bank Bldg., Grand Rapids.	Mrs. John W. Blodgett, Grand Rapids.
Minnesota	Carrie M. Eppley, Hopewell Hospital, Minneapolis.	Mrs. J. Brandrup, Mankato, Minn.
Mississippi		Mrs. R. S. Phifer, Jr., 118 N. Congress St., Jackson, Miss.
Missouri		Mrs. Geo. W. Fuller, c-o Athenaeum Club House, Kansas City, Mo.
Montana	Margaret Hughes, Box 928, Helena.	Mrs. Theo. Brantley, 801 Spruce St., Helena, Mont.
Nebraska	Florence McCabe, 408 City Hall, Omaha.	Clara Thomas, 408 City Hall, Omaha.
Nevada	Mrs. J. L. Lorah, McGill.	
New Hampshire	Elizabeth Murphy, 442 N. State St., Concord.	E. Gertrude Dickerman, Concord D. N. A., Concord, N. H.
New Jersey	N. Florence Cummings, Red Bank, New Jersey.	Mrs. J. W. Cunningham, P. O. Box 252, Long Branch.
New Mexico	Nellie J. Horning, 515 S. High St., Albuquerque.	Mrs. O. R. Haymaker, Rosewell.

	NURSE REPRESENTATIVES.	NON-PROFESSIONAL REP.
New York	Mrs. Anne Hansen, Buffalo V. N. A., Buffalo.	
North Carolina	Rose M. Ehrenfeld, Apt. No. 4, Woman's Club, Raleigh.	Mrs. Lionel Weil, 611 Park Ave., Goldsboro, N. C.
North Dakota	L. Mae McCulloch, City Hall, Grand Forks.	
Ohio	Helena Stewart, Ohio State Univ., Columbus.	
Oklahoma	Mrs. Myrtle Conn, 1012 Walnut St., Oklahoma City.	Mrs. R. H. Maxey, 239 West Grand St., McAlester.
Oregon	Emma Grittinger, 428 Medical Bldg., Portland.	Mrs. Alice Holloway, Holloway Orchards, Medford.
Pennsylvania		Doris Earle, Stenton Ave., Chestnut Hill, Philadelphia.
Rhode Island	Winifred Fitzpatrick, 109 Washington St., Providence.	Mrs. Austin Levy, Harrisville.
South Carolina	Jane Frazer, 1222 Richland St., Columbia.	
South Dakota	Miss M. A. Winters, Red Cross Seal Com., Amour.	Mrs. E. P. Wanzer, Red Cross Seal Com., Amour.
Tennessee	Marie Peterson, Dir. P. H. N. Assn., Southern Express Bldg., Memphis.	
Texas	Mrs. Ethel S. Parsons, Division of Health, San Antonio.	Mrs. H. S. Mulliken, P. O. Box 110, San Antonio.
Utah	Mrs. Leila H. Howe, c-o Garfield Smelting Co., Garfield.	Kate Williams, 120 E. First South St., Salt Lake City.
Vermont	Elizabeth Van Patten, 433 S. Union St., Burlington.	Bernice H. Tuttle, Rutland.
Virginia	Agnes D. Randolph, 1110 Capitol St., Richmond.	Mrs. Waller Morton, Richmond V. N. A., Richmond.

	NURSE REPRESENTATIVES.	NON-PROFESSIONAL REP.
Washington	Grace Harrington, 77 Washington St., Seattle.	
West Virginia	Jean T. Dillon, Pleasant Valley, Wheeling.	Mrs. Geo. R. Nagle, Wheat Apts., Wheeling.
Wisconsin	Mrs. Kate McD. Kohlsaat, 807 M. & M. Bank Bldg. Milwaukee.	
Wyoming	Katharine Wilson, Board of Education, Cheyenne.	Mrs. Katharine Morton, 319 West 26th St., Cheyenne.

### STATE ORGANIZATIONS OF PUBLIC HEALTH NURSES

The following list of State Organizations of Public Health Nurses, with the names of their Presidents and Secretaries should be useful to many of our readers, who may desire to get in touch either with their own local organization or to communicate with those in other States.

#### Independent State Organizations of Public Health Nurses.

Connecticut	Pres.—Sarah Caroll, Board of Health, New Britain. Secy.—Margaret K. Stack, 200 Orange St., New Haven
Dist. of Columbia	Pres.—Elizabeth G. Fox, 2506 K St., Washington.
New Jersey	Pres.—Mrs. D'Arcy Stephen, 524 William St., E. Orange. Secy.—Helen E. Forbes, 27 South St., Morristown.
New York	Pres.—C. Josephine Durkee, Dpt. of Health, Albany.
Maryland	Pres.—Henrietta Knorr (Mrs.), Health Dept., Baltimore.
Pennsylvania	Pres.—Margaret R. Burns, 40 N. Washington St., Wilkes-Barre.
Washington	Pres.—Weenie E. Kapp, 77 Washington St., Seattle. Secy.—Grace Harrington, 77 Washington St., Seattle.
Kansas	Pres.—Mrs. Signe Larsen Elder, Atchison. Secy.—Mary Workman, Pittsburg.
Tennessee	Pres.—Miss Nan Dorsey, Nashville. Secy.—Mrs. Edith Hundley, Memphis.

#### Public Health Nursing Sections of the State Associations of Graduate Nurses.

Florida	Irene R. Foote, Box 763, Daytona.
Illinois	Violet Jensen, 116 S. Wyman St., Rockford.
Iowa	Maud Reeder, 571 W. 4th St., Dubuque.
Maine	Madeline C. Mosher, Lincoln.

Missouri	Mrs. E. M. Lupien, 692 Maple St., Manchester.
New Hampshire	Chman.—Mary R. Batterham, Ashville.
North Carolina	Secy.—Dorothy Hayden, Greenboro.
Ohio	Florence Walker, 2291 E. 93rd St., Cleveland.
Rhode Island	Eleanor B. Green, 14 John St., Providence.
South Carolina	Mrs. Eliz. Payne, 1222 Richland St., Columbia.
Utah	Chman.—Alma Karleson, 120 E. 1st South St., Salt Lake City.
	Secy.—Glendora Blakely, Board of Health, Salt Lake City.
Massachusetts Club for Eastern Massachusetts	Mary Jones, 296 Boylston St., Boston.
Virginia	Chman.—Nan J. Minor, 223 S. Cherry St., Richmond.
	Secy.—Rosa Boley, Lexington.
Louisiana	
Michigan	Chman.—Mary E. Marshall, State Bd. of Health, Lansing.
	Secy.—I. M. Havey, 114 N. Thayer St., Ann Arbor.
Indiana	Chman.—Annabelle Peterson, 3029 N. Illinois St., Indianapolis.
	Secy.—Edna Brown, 2161 Park Ave., Indianapolis.
Vermont	Chman.—Elizabeth Van Patten, Burlington.
	Secy.—Cora Curtis, Burlington.
Alabama	Chman.—Ellen M. Quilty, City Hall, Birmingham.
Nebraska	Pres.—Katherine Wollgast, 1330 H St., Lincoln.
	Secy.—Charlotte Townsend, 506 City Hall, Omaha.
<b>Committees on Public Health Nursing.</b>	
Colorado	Chman.—Mary B. Eyre, La Jolla, Col.
Minnesota	Chman.—Minnie F. Paterson, 16 Old Chamber of Commerce Bldg., Minneapolis.
Wisconsin	Chman.—Myra M. Kimball, Green Bay.
	Secy.—Bertha M. Shultz, 566 Van Buren, Milwaukee
Kentucky	

## LIBRARY DEPARTMENT

FRANCES YOUNG, *Librarian*

Excerpt from an article by Dr. Thomas D. Wood in N. Y. Times April 14, 1918:

In a nation with compulsory education and free schools, the possibilities of a health education program are extraordinarily impressive.\* \* \* A national program of health education adequate in any way must include the following items:

1. Health examination and supervision of the pupils' health with provision for
  - (a) Daily inspection and regulation of attendance at school.
  - (b) Provision for the general health of the pupils should include the following:
    - Health examination and dental inspection at least once a year.
    - Follow-up health service by school and district nurses.
    - Provision for correction of all harmful, remedial defects by medical and surgical care and by dental and health clinics.
    - Warm school lunches for all school pupils who do not eat warm lunches at home.
2. Healthful school environment. The schoolhouses and surroundings should be sanitary and attractive.
3. Hygienic school management which insures conditions in the highest attainable degree favorable and healthful; in methods and materials of instruction, arrangements of program, length of school day, requirements of home study, and in personality and influence of teachers.
4. Effective health training and teaching of pupils, which are dependent upon:
  - (a) Inculcation of health habits affecting the pupil individually and in relation to the home, school, community and the State.
  - (b) Instruction in facts, principles, and motives which will provide the best basis for intelligent and effective action.
  - (c) Greater emphasis upon social than upon personal or individual aspects of hygiene.
  - (d) Greater emphasis upon health than upon disease in the program of health teaching.
  - (e) Education of children for responsible parenthood.
5. Provision of an adequate and rational physical education with:
  - (a) Well-equipped playgrounds, athletic fields, etc.
  - (b) Employment of teachers and supervisors qualified to give sensible and satisfactory guidance to the physical training activities.
  - (c) Acceptance of useful and healthful social service and vocational activities in the physical training program.



6. Better preparation of teachers for health education. To provide the essentials for a "National Program of Health Education." I submit the following propositions:
  1. That a comprehensive, thorough going program of health education and physical education is absolutely needed for all boys and girls of elementary school age, both rural and urban, in every State in the Union.
  2. That legislation, similar in purpose and scope to the provisions and requirements in the laws recently enacted in California and New York State and New Jersey, is desirable in every State, to provide authorization and support for State-wide programs in the health and physical education field.
  3. That the United States Bureau of Education should be empowered by law, and provided with sufficient appropriations, to exert adequate influence and supervision in relation to a nation-wide program of instruction in health and physical education.
  4. That it seems most desirable that Congress should give recognition to this vital and neglected phase of education, with a bill and appropriation similar to the Smith-Hughes law, to give sanction, leadership, and support to a national program of health and physical education, and to encourage, standardize, and, in part, finance the practical program of constructive work that should be undertaken in every State.
  5. That Federal recognition, supervision, and support are urgently needed, as the effective means, under the Constitution, to secure that universal training of boys and girls in health and physical fitness, which are equally essential to efficiency of all citizens both in peace and war.

#### Books.

List for the school nurse and the nurse interested in Child Welfare.

Problems of Child Welfare—Mangold.

Health Work in the Schools—Hoag and Terman.

Work of the Rural Schools—Eggleston and Bruere.

School Hygiene—Shaw.

Health and Medical Inspection of School Children—Cornell.

Medical and Sanitary Inspection of Schools—Newmayer.

School Nurse—Struthers.

Handbook for School Nurses—Kelly & Bradshaw.

Youth—G. S. Hall.

Manual for the Mental and Physical Examination of School Children  
(v. 17 No. 24. University of Missouri Bulletin Extension Ser. 21.)

#### Pamphlets.

Standardization of Routine Work by a Staff of School Nurses—Stanley.

Minimum Sanitary Requirements for Rural Schools—T. D. Wood.

North Dakota Law Providing for County School Nurses.

- Outline for Health Grading of the School Child—E. B. Hoag.  
Follow-up System in Medical Inspection—T. A. Storey.  
Efficient Methods of Teaching Hygiene in Schools—K. M. Olmsted.  
Health Education: Its Place in the School Curriculum—E. M. Walker.  
Rules and Regulations for Inspectors and Nurses—in Medical Inspection  
and Examination of School Children—New York City Department of  
Health Division of Child Hygiene.  
Medical Inspection—Massachusetts Board of Education.  
Outlines for Organizing and Directing "Little Mothers' Leagues"—New  
York (State) Department of Health Division of Child Hygiene.  
Modern Health Crusaders—National Tuberculosis Association.

#### Periodical Material.

- School Medical Inspection—New York (State Department of Health—  
"Health News."  
Health Leagues as an Aid in School Medical Inspection by S. Josephine  
Baker, Public Health Nurse Quarterly, July, 1915.  
Problem of Rural School Sanitation—Article based on material, T. D.  
Wood, Public Health Nurse Quarterly, July, 1915.  
Medical Inspection of School Children—Florida State Board of Health—  
"Health Notes", January, 1918.  
School Inspection in Extra-Cantonment Zones—U. S. Public Health Re-  
ports, March 8, 1918.

#### Bibliographies.

- Reference List on Medical Inspection of School Children—Fla. State  
Board of Health "Health Notes", January, 1918.  
List of Books on Prevention of Diseases, issued by Council on Health and  
Public Instruction of American Medical Association.  
References on Health Problems of Rural Schools—In Health Essentials  
for Rural School Children by T. D. Wood.  
Excerpt from an article by Dr. Thomas D. Wood in New  
York Times April 14, 1918:

## BOOK REVIEWS AND BIBLIOGRAPHY

Some very interesting pamphlets have recently been received. The Henry Street Settlement has published a very attractive and well-illustrated report commemorating the twenty-fifth anniversary of the establishment of the Settlement. This report summarizes the various branches of work done by the Settlement, which include Visiting Nurse Service, Clubs and Classes, with departments for Girls, Boys, and Mothers, Vocational Guidance Bureau and Scholarship Committee, and the Neighborhood Playhouse. The work done in the Settlement's Branches, the Seventy-ninth Street House and the Lincoln House is very interesting. The Lincoln House serves a varied population, a large percentage of whom are colored. Here colored nurses have been engaged and one of the features of the year is the Annual Baby Show.

The Committee for Vocational Scholarships has published two bulletins: "Opportunities for Vocational Training in New York," and "Report of the Committee for Vocational Scholarships." The former is a very complete directory which lists all of the Trade Schools, High Schools, Colleges, or other educational institutions, the fees of each, requirements for admission, and the courses offered, which include everything from acetylene welding to dramatic art. The Report gives one an idea of the actual work that has been done by the Committee on Scholarships.

From the American Medical Association we have received a report on the Investigations on Swimming Pools at the University of Minnesota, by H. A. Whitaker, Director, Division of Sanitation, Minnesota State Board of Health.

The New York Association for Improving the Condition of the Poor has published a reprint of *Better School Houses as a Factor in Race Betterment* by J. H. Berkowitz, which appeared in *The American School Board Journal* for June, 1918.

The Report of the eighth Annual Meeting of the American Association for the Study and Prevention of Infant Mortality has just been published and is full of most interesting material.

The U. S. Public Health Service in their Bulletin No. 89, show a series of eight pictures describing the construction of a sanitary privy. These should be of especial interest to nurses in rural communities.

THE HOSPITAL AS A SOCIAL UNIT IN THE COMMUNITY. By Lucy Cornelia Catlin, R. N., published by the W. B. Saunder Company, Philadelphia. Price \$1.25 net.

Within the compass of a hundred or so pages the writer of this book, who is Director of Social Service Work and Executive Director of the Out-Patient Department, Youngstown Hospital, Youngstown, O., manages to convey a very inspiring impression of the value of Social Service work from a hospital center and to impart a good bit of knowledge concerning the problems to be met with there and their solution. The book has forty-three illustrations, chiefly of record blanks and cards bearing on the work and suggestive as models for new establishments and clinics. Written by a trained nurse out of the knowledge of years of experience and from a heart impelled by religious belief, the advice is practical as well as full of sympathy, and it is presented with somewhat more than average charm of expression. Justice is done to the difficulties of the social worker in lack of intelligent co-operation on the part of the private practitioner of medicine, court officials and others who should be helpful and are not, but praise is given to helpful agencies such as church societies and the clergy, district nurses, public relief organizations and municipal and other governmental funds. In view of the need to conserve in every direction at the present moment when health and human life and conduct are having new valuations set upon them, this little book is timely and warrants attention; and it probably not unwisely places an emphasis on the hospital as a prime social center which may link up with many other agencies of intelligent helpfulness.

A TEXT-BOOK OF PHYSICS AND CHEMISTRY FOR NURSES. By A. R. Bliss, M. D., Grady Hospital, Atlanta, Georgia, and A. H. Olive, A. B., Ph. D., Hillman Hospital, Birmingham. 239 pages, 49 illustrations. J. B. Lippincott Co. Price \$1.75 net.

These authors, both of whom are lecturers to nurses and teachers in medical schools, should have found out what are the essentials in presenting a brief survey of the field of physics and chemistry for the instruction of student nurses, and this they seem to have succeeded in doing. By a sparing use of words they have been able to touch on very many of the points in their subjects and to give a working basis for further study. The divisions are into Elementary Physics, Inorganic, Organic and Physiological Chemistry, Fermentation and Ferments, and an Appendix containing Weights and Measures, a Glossary and a Percentage Solution Table. The English is some-

times careless, and one would like to ask what is meant by "strong" alcohol and to suggest that a syllable might have been saved from a "fairly bitterish taste."

THE ESSENTIALS OF MATERIA MEDICA AND THERAPEUTICS FOR NURSES.

By John Foote, M. D., of Providence Hospital, Washington, D. C. 310 pages. \$1.75, net. Third Edition Revised.

This is another of Lippincott's Nursing Manuals and is cleverly adapted to give a by no means profound acquaintance with drugs and their administration and effects but is rather for easy reference, and to back up a working familiarity with the better-known medicines, and to cover the ground usually gone over in State examinations for nursing registration. The book is, on the whole, practical. Though bulky, the book is not heavy in weight, and the added material in the new edition is all by way of improvement. Dosage in both the apothecaries' and metric systems is given, an extensive table of poisons and their antidotes, a table of doses, antiseptics used in military surgery, practical disinfection and other matter and, what one wonders was not before included, the Latin official names of drugs and preparations of drugs.

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